



Western Washington University
Western CEDAR

WWU Graduate School Collection

WWU Graduate and Undergraduate Scholarship

Fall 2017

Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences from Staff and Residents at St. Mary's House

Peter Miterko
Western Washington University, pmiterko@gmail.com

Follow this and additional works at: <https://cedar.wwu.edu/wwuet>



Part of the [Anthropology Commons](#)

Recommended Citation

Miterko, Peter, "Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences from Staff and Residents at St. Mary's House" (2017). *WWU Graduate School Collection*. 623. <https://cedar.wwu.edu/wwuet/623>

This Masters Thesis is brought to you for free and open access by the WWU Graduate and Undergraduate Scholarship at Western CEDAR. It has been accepted for inclusion in WWU Graduate School Collection by an authorized administrator of Western CEDAR. For more information, please contact westerncedar@wwu.edu.

Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences from Staff and Residents at *St. Mary's House*

By
Peter Miterko

Accepted in Partial Completion
of the Requirements for the Degree
Master of Arts

ADVISORY COMMITTEE

Chair, Dr. Sean Bruna

Dr. James Loucky

Dr. Josh Fisher

GRADUATE SCHOOL

Dr. Gautam Pillay, Dean

MASTER'S THESIS

In presenting this thesis in partial fulfillment of the requirements for a master's degree at Western Washington University, I grant to Western Washington University the non-exclusive royalty-free right to archive, reproduce, distribute, and display the thesis in any and all forms, including electronic format, via any digital library mechanisms maintained by WWU.

I represent and warrant this is my original work, and does not infringe or violate any rights of others. I warrant that I have obtained written permissions from the owner of any third party copyrighted material included in these files.

I acknowledge that I retain ownership rights to the copyright of this work, including but not limited to the right to use all or part of this work in future works, such as articles or books.

Library users are granted permission for individual, research and non-commercial reproduction of this work for educational purposes only. Any further digital posting of this document requires specific permission from the author.

Any copying or publication of this thesis for commercial purposes, or for financial gain, is not allowed without my written permission.

Peter Miterko
November 17, 2017

Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences from Staff and Residents at *St. Mary's House*

By
Peter Miterko

Accepted in Partial Completion
of the Requirements for the Degree
Master of Arts

by
Peter Miterko
November 2017

Abstract

This thesis examines how community develops and is experienced among staff and residents of *St. Mary's House*, a single-site permanent supportive housing program modeled in the Housing First approach. Supportive housing modeled in the Housing First approach has been gaining prominence in recent decades as an effective resource for managing chronic homelessness nationwide. Despite this, limited attention has been given to the experiences of those being housed. In particular, there is a dearth of research on the experiences of community within single-site supportive housing and the perspectives of residents remain marginalized in the policy discourse.

My thesis begins with a critical examination of chronic homelessness. I argue that federal level neoliberal policies produce the structural circumstances for chronic homelessness to exist as well as housing interventions that displace attention from these structural causes. Within this frame, the rise of the Housing First approach is complexly enmeshed within a rationale that problematizes the visibility and costs associated with chronic homelessness rather than basic commitments to the poor.

Utilizing a collaborative methodology founded in the principles of participatory action research (PAR), I conducted four months of field work at *St. Mary's House*. I spent the majority of this time participating and observing in the daily milieu of *St. Mary's House* and conducting interviews with supportive services staff and residents. In addition, I utilized photovoice as a visual tool to explore community from the perspectives of residents. All project data was analyzed through a grounded theory framework with feedback from the

program director of *St. Mary's House*. Emerging themes were then theoretically developed by concepts of sense of community, place making, and habitus.

Findings from this research are developed three different ways. First, I examine the processes of community organization at *St. Mary's House*. This analysis sheds light on the ways in which the service arrangement between staff and residents structures the parameters with which social interactions are organized and community participation is produced. Second, I analyze the dimensions of experiences at *St. Mary's House* and the structural challenges to building community through four aspects that I distinguish as (1) surveillance, (2) resident proximity to one another, (3) resident “exits,” and (4) the service provider/recipient paradigm. For each aspect I demonstrate how the tensions that impact residents’ experiences stem from components of the service arrangement. Third, I present resident generated photovoice material through three themes: (1) depictions of home, (2) participation in neighborhood, and (3) solidarity in homelessness. I discuss how these themes illustrate the capacity of participants as active and resilient community members. I argue that residents’ lived experiences, largely unfamiliar to service providers, are valuable for more broadly conceiving what constitutes community at *St. Mary's House*, and could be used for informing related services and programming.

This thesis concludes with recommendations for building community at *St. Mary's House* and considerations for permanent supportive housing programming.

Acknowledgements

This research would not have been possible without the support from my committee chair Dr. Sean Bruna and the program director of *St. Mary's House*. They both shared their expertise and offered critical guidance throughout the entirety of this project. I would also like to thank my committee members, Dr. James Loucky and Dr. Josh Fisher, who provided inspiration as well as feedback on this manuscript. I am grateful for my friends and family who encouraged me throughout graduate school and for the unconditional patience, love, and support from my partner Monica.

So much of this work lies in the personal connections I have made with staff and residents at *St. Mary's House*. More than just ethnographic vignettes or quotations in text, this collaborative research has provided an avenue to share in the lives of those who do not often have their stories told. I hope that this project benefits those who have empowered me in my scholarship and advocacy.

Table of Contents

Abstract.....	iv
Acknowledgements.....	vi
List of Figures.....	ix
Chapter 1: Introduction and Literature Review	1
Theoretical Framework: Sense of Community, Place Making, and Habitus.....	6
Homelessness and Surveillance.....	12
Housing First.....	16
Chapter 2: Chronic Homelessness in the United States.....	25
Construction and Maintenance of Chronic Homelessness through Federal Policy	26
The Rise of Housing First: Measuring Success in the Neoliberal Age	40
Chapter 3: Applied Anthropology: Project Development and Methodological Design.....	46
Introduction to <i>Mission Services and Outreach</i>	46
Research Approach.....	48
Ethnographic Methods and use of Photovoice.....	53
Data Analysis and Reporting.....	60
Chapter 4: Programming, People, and the Organization of Community at <i>St. Mary's House</i>	62
The Built Environment.....	62
The Social Environment.....	76
Chapter 5: "Crafting a Place to Belong:" Dimensions of Experience and Structural Challenges of Community Building.....	88
Surveillance.....	88

Proximity.....	95
Resident Exits	98
Service Provider/Recipient Paradigm	103
Chapter 6: Resident Experiences through the Lens of Photovoice.....	111
Prominent Themes.....	111
Discussion.....	120
Chapter 7: Conclusion.....	123
Recommendations for Building Community at <i>St. Mary’s House</i>	126
Considerations for <i>Mission Services and Outreach</i> Permanent Supportive Housing Programing.....	127
Appendices.....	131
Appendix A: Project Briefs.....	131
Appendix B: Photovoice Instructions.....	143
Appendix C: Interview and Photovoice Consent Form.....	144
Appendix D: Staff and Resident Semi-Structured Interview Templates.....	146
Appendix E: Photovoice Interview Template.....	149
References.....	150

List of Figures

Figure 1: March 3rd 2017 Art Walk Photovoice Gallery Display...	59
Figure 2: April 27th 2017 Community Meal Photovoice Showcase...	60
Figure 3: Exterior of <i>St. Mary's House</i>	64
Figure 4: Entrance of <i>St. Mary's House</i>	65
Figure 5: Smoking Awning.....	72
Figure 6: Neighbors.....	74
Figure 7: Patio.....	75
Figure 8: Front Desk.....	80
Figure 9: Mounted Camera.....	81
Figure 10: Doorway.....	112
Figure 11: Flowers.....	113
Figure 12: Victoria's Apartment.....	114
Figure 13: Rocks on the Windowsill.....	115
Figure 14: "The Struggle is Real".....	115
Figure 15: Trash.....	116
Figure 16: "Heart of the City".....	117
Figure 17: Cardboard Bed on Waterfront.....	118
Figure 18: Jason.....	119
Figure 19: Homeless Advocacy.....	120

Chapter 1: Introduction and Literature Review

Since becoming a highly visible part of the American landscape during the 1980s, chronic homelessness has remained an entrenched phenomenon linked to myriad of problems including a disproportionate use of services like that of shelters, hospitals, and state psychiatric inpatient services (Culhane and Kuhn 1998; Culhane, Metraux and Hadley 2002). In 1992, the New York City-based non-profit organization “Pathways to Housing” introduced the Housing First approach for housing chronically homeless individuals living with severe psychiatric disabilities and co-occurring addiction illnesses. Housing First is an approach to quickly connect chronically homelessness individuals to permanent supportive housing (PSH) without preconditions such as sobriety and treatment. Subsequent assessments on the Housing First approach have demonstrated high retention rates among participants, thereby serving as a cost-effective alternative to allowing these individuals to cycle through services in chronic homelessness. Guided by this growing body of research the Housing First approach has become integrated into federally funded PSH programs as the “solution” to ending chronic homelessness (U.S. Interagency Council on Homelessness 2015, 15). Since achieving this cornerstone, there has been a small shift in focus among researchers to understand the more nuanced aspects of Housing First programming in order to improve the quality of services (Collins et al. 2012; Henwood et al. 2014; Macnaughton et al. 2015; Stahl et al. 2016; Stanhope and Matejkowski 2010; Stanhope 2012; Stergiopoulos et al. 2014). This thesis builds upon existing scholarship on PSH by examining community at *St. Mary’s*

House,¹ a single-site PSH program in Whatcom County, Washington, in which findings could contribute to improving programming and services.

Whatcom County, like many counties in the United States today, struggles with the health, economic, and social problems associated with homelessness. According to an annual report on homelessness in 2017, at any given time there were at least 742 homeless people living in this mid-sized county; 162 of all these individuals were considered to be chronically homeless (Johnson-Vinna and Parker 2017). Operating under federal and state funding directives,² the Whatcom County Coalition to End Homelessness introduced the goal of meeting the long term needs of chronically homeless individuals by creating PSH modeled in the Housing First approach. In 2012, The Whatcom County Plan introduced a “phased approach” that called for expanding the supply of PSH by 100 units over the next five years (Whatcom County Coalition to End Homelessness 2012). In July of 2015, part of that goal was realized in the opening of *St. Mary’s House*, the county’s first single-site PSH program to provide 42 units of affordable housing to local chronically homeless individuals. Designed and operated by *Mission Services and Outreach (MSO)* and *Mission Housing and Outreach (MHO)*, *St. Mary’s House* provides a service enriched environment with 24/7 supportive services and on-site case management focused on the safety, stability, and support of residents. While service and programming are organized to ensure fidelity to the national

¹ In order to safeguard the anonymity of project participants, I use pseudonyms for all individuals mentioned in this thesis. Fictitious titles for local homeless service programs or organizations are italicized.

² Funding eligibility under The Washington State Homeless Housing and Assistance Act of 2005 specifically required Washington communities to develop strategic Housing Plans (formerly referred to as 10 Year Plans) to reduce and end homelessness.

model, *St. Mary's House* began operations with a goal of “crafting a sense of community—a place to belong.”

This thesis examines how community develops and is experienced among staff and residents at *St. Mary's House*, in which findings could contribute to the program goal of “crafting a place to belong.” I begin in chapter 2 by providing a critical examination of the contemporary phenomenon of chronic homelessness. This analysis offers important context to as to why chronic homelessness exists as well how Housing First has risen to prominence as the “solution” to chronic homelessness. In this chapter, I begin by first explaining how the free market economic imperatives of urban renewal marked the inception of neoliberal rationale into federal policy. I then demonstrate how this rationale, which led to the razing of America’s skid rows in the 1960s, left those unable to afford housing within the reconstructed landscape literally living on the streets without shelter. Next, I outline how the fiscally conservative policies of the Reagan administration, with specific focus upon the administration’s deep cuts to affordable housing and mental health services, led to the institutionalization of neoliberalism which in turn, directly contributed to an influx of homelessness and the emergence of chronic homeless as a modern-day phenomenon. By the mid-1980s, the visible proliferation of homelessness led to a reengineering of the state, in which the medicalization of chronic homelessness emerged as justification for new mechanisms of governance. It was during this era of “roll-out” neoliberalism in which managing the consequences of free market policies and welfare retrenchment became paramount. I use this context to explain how the Housing First approach found a niche as chronic homelessness was being conceptualized as a costly and visible problem, and I demonstrate how program success was necessarily contingent upon narrowly framing

Housing First as a cost-effective means for removing the chronically homeless from the streets. I conclude with a reflection on the Housing First approach which problematizes predominant measures used to frame program success.

Against this historical backdrop, in chapter 3, I present the necessary components of this project's development and methodological design in four parts. First, I provide an overview on *Mission Services and Outreach* (MSO). Second, I frame my project approach within three interrelated components; (1) the formation of my relationship with *St. Mary's House*, (2) the implementation of Participatory Action Research (PAR), and (3) my positionality. Third, I outline my use of ethnographic methods, which included over 75 hours of participant observation and ten semi-structured interviews with staff and residents, as well as my multifaceted implementation of photovoice with seven participants. Fourth, I review the ways in which data was analyzed and communicated with stakeholders.

The data generated from this research is developed three different ways. In chapter 4, I present *St. Mary's House* in two interrelated parts that I distinguish as the built environment and the social environment, I argue that the service arrangement between staff and residents collectively structures the parameters with which social interactions are organized and community participation is produced. Under the built environment I frame *St. Mary's House* through the building's entry process and prominent commons areas, I demonstrate how program security measures, including the guest policy, fundamentally shape access and movement within the building, and how *MSO* and resident generated activities inform place making and use of commons areas. Under the social environment, I present the salient characteristics of residents and service providers, my experiences with these respective groups, and the ways in which the service arrangement shapes resident counselor (RC) and

case manager (CM) interactions with residents, I then demonstrate how surveillance and case management predominantly instruct this interface. In chapter 5, I examine the dimensions of experiences at *St. Mary's House* and critique the structural components of programming by questions put-forth by the program director. That is, I explore the tensions that impact residents, and offer insights into what aspects of programming work for residents from those that do not—what are the causes of distrust or mistrust, and how are program processes transparent and how are they not? I structure my analysis through four related aspects that I distinguish as: (1) surveillance, (2) resident proximity to one another, (3) resident exits, and (4) the service provider/recipient paradigm. Throughout this analysis, I employ Pierre Bourdieu's habitus to orient various experiences of community within the milieu of *St. Mary's House* and the personal histories of participants. I argue that the majority of structural challenges to community building stem from the power dynamic of the current service arrangement. In chapter 6, I share participants' photovoice materials and discuss how resident generated data depicts experiences of community at *St. Mary's House*. I begin by presenting selected participant pictures and interview excerpts through three themes: (1) depictions of home, (2) participation in neighborhood, and (3) solidarity in homelessness. I conclude with a discussion of how these themes illustrate participants' sense of community as well as some of the limitations of this portion of research. I argue that the narratives depicted through each theme represent the capacity of residents as active and resilient community members.

I conclude with recommendations for building community at *St. Mary's House* and considerations for *MSO PSH* programming. By focusing upon what can be reasonably achieved within the existing service arrangement, I recommend that *St. Mary's House*

orient current program practices so as to address the structural causes of trauma, homelessness, and marginalization. I then suggest that *MSO* structure a greater capacity for clients to participate in aspects of single-site PSH programming through a “bottom-up” approach. This approach—in which clientele take part in the assessment of current program practices as well as in the development and implementation of new supportive services—can be useful for creating more equitable and inclusive programming.

In the remainder of this chapter, I provided a necessary overview on community and the theoretical modeling used in this project for understanding the experience of community. Following this, I briefly discuss homelessness and surveillance. In order to frame this project’s contribution to the literature, I end this chapter by outlining Housing First practices and the current challenges to community building in PSH.

Theoretical Framework: Sense of Community, Place Making, and Habitus

In order to examine community at *St. Mary’s House* we must first begin with the question, what is community? In this section, I untangle the term from its common usage with a brief review on community as a focus of study in the social sciences. I then draw upon the concepts of sense of community, place making, and Pierre Bourdieu’s “habitus,” as a theoretical lens for examining how community develops and is experienced among staff and residents at *St. Mary’s House*.

Community

To be sure, community has remained a transfixing focus of study among social scientists. By the mid-20th century one survey of the existing literature had found 94 separate

definitions of community classified by content and analysis (Hillery 1955). Within the sociology and anthropology, the concept of community has been predominantly used as an organizing tool (Macfarlane 1977), in which definitions coalesce around the idea that communities are groups of individuals bound by proximity, social interactions, common circumstances, and common activities (Brint 2001; Hillery 1955; Low 2003). Historically, cultural anthropologists have taken an approach to understanding community grounded in structures and settings, in which early explorations framed community in a sense of enlistment and coherence (Wilson and Peterson 2002). In “The Group and the Individual in Functional Analysis,” famed 20th century anthropologist Bronislaw Malinowski exemplifies this point by presenting community as the accumulation of institutions, norms, and rules, which shapes the individual as a member:

In many communities we find that the child passes through a period of almost complete detachment from home, running around, playing about, and engaging in early activities with his playmates and contemporaries. In such activities strict teaching in tribal law is enforced more directly and poignantly than in the parental home. The fact remains that in every community the human being grows up into a law-abiding member; and he is acquainted with the tribal code; and that, through the variety of educational influences and considerations of self-interest, reasonable give and take, and balance of sacrifices and advantages, he follows the rulings of his traditional system of laws (1939, 951).

Over the last four decades, anthropological theory has moved away from such rigid descriptors to reimagine community and community membership in terms of a continuum. This can be generally attributed to two areas of interrelated scholarship. First, globalization and the rapid increase of transnational migration in the latter half of the 20th century gave cause for reexamining the dynamics of community within non-localized contexts and influences (Gupta and Ferguson 1992; Kearney 1995). Second, the rapid proliferation of communication technologies led anthropologists to understand the internet as the nexus for

individuals to belong to many communities, bounded to different extents and in varying ways (Wilson and Peterson 2002).

Sense of Community

While cultural anthropology is built upon a rich tradition of studying community as a locus for understanding peoples and culture, it was psychology which explicitly approached community by how it is understood, experienced, and felt, by the individual in relation to others. Psychologist Seymour Sarason (1974) first conceptualized sense of community as a phenomenon where one feels belonging or similarity to others, and is willing to maintain this perceived interdependence to a larger collective through participation. For Sarason, sense of community represented the defining feature of community life. Psychologists David McMillan and David Chavis (1986) would go on to expand upon Sarason's theoretical construct by defining sense of community through four principle elements. These elements are: (1) membership to a group; a feeling of belonging or relatedness, (2) influence; as a sense of mattering, "of making a difference to a group and of the group mattering to its members;" (3) integration and fulfillment of needs; the feeling from members that their needs will be met by the resources available through membership in the group, (4) shared emotional connection; the commitment and belief that members have shared and will share history, space, similar experience, and time together (McMillan and Chavis 1986, 9). The benefit of understanding sense of community through the four elements approach is that this approach provides a framework to pinpoint the exact ways in which sense of community is or is not being experienced.

More recent scholarship has employed the concept of sense of community to frame individual experiences as they are situated by boundaries and structured by power relations. For example, anthropologist Setha Low's (2003) exploration into the complex cultural phenomenon behind the emergence and continued existence of gated communities found that participating residents' sense of community was often loosely bound not in interactions with neighbors, but in a collective avoidance of the negative aspects of society, including poverty, ethnic diversity, and crime. Relatedly, in her ethnographic study on how upper middle class families acquire and transmit privilege through membership at a swim and tennis club, sociologist Jaime DeLuca (2013) found that the pool functioned as a socially segregated boundary for fostering sense of community and a place for exclusive social learning opportunities which contributed to the (re)production of privilege. The contribution of these scholars, among others, is that they emphasize the role of power as a determinative influence of sense of community.

Place Making

The research of DeLuca and Low illustrate that place is more than just the tangible attributes of a physical location or built environment. As renowned ethnographer James Spradley (1980) reminds us, place serves as a dimension of social situations. One way of understanding how a physical location can become imbedded with meaning is in the concept of place making. Place making involves how individuals make sense of, and modify, the physical form and content of a particular space. Anthropologists have employed the concept as a blueprint for understanding how culture is constructed and renewed in a variety of settings (Basso 1996, Bridgman 1998, Escobar 2001). In the literature place making is

commonly refers to the ways in which migrants forge collective identities when facing discrimination or poverty in a host society (Castillo 2014). In the context of housing environment, place making can be framed to understand the ways in which the physical locale is embedded with meanings, emotional attachments, relationships of power, and specific feelings that shapes the individual's experience of that place and of themselves (Bridgman 1998). One's experience of place is influenced by perception and position within a given space which in turn, influence one's interactions with others, and shape the scope of an individual's social networks and may constrain or enhance options for identity, relationships, and cultural dialogue (Wallman 2011, 4). Like that of sense of community, place making is useful for providing context on how relationships within shared space are created.

Habitus

Perhaps Pierre Bourdieu's most comprehensive definition of habitus lies in his *The Logic of Practice*, in which he defines habitus as:

Systems of durable, transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organize practices and representations that can be objectively adapted to their outcomes without presupposing a conscious aiming at ends or an express mastery of the operations necessary in order to attain them. Objectively "regulated" and "regular" without being in any way the product of obedience to rules, they can be collectively orchestrated without being the product of the organizing action of a conductor (1990, 53).

The versatility of this concept has made it a prominent lens for examining macrostructural social reproduction and change, as well as for individual experience within the social milieu, and has been applied to issues of inequality and stratification in social and economic mobility, migration, youth and crime, and education (Murphy and Costa 2015). Importantly,

Bourdieu's theory works to show how relationships of privilege and domination are produced and reproduced in a way that draws specific attention to the dynamics of social actors' values, beliefs, and behaviors (Nowicka 2015, Stahl 2015).

In order to organize habitus as a framework for examining the experiences of community among staff and residents at *St. Mary's House*, I employed sociologist Diane Reay's (2004) four-related aspect approach; (1) habitus as embodiment, (2) habitus as agency, (3) habitus as a compilation of collective and individual trajectories, and (4) habitus as a complex interplay between past and present. The benefit here is that Reay's four-related aspect approach is a concise template for "teasing out" the essence of Bourdieu's concept as well as serving as an appropriate way to orientate experiences of community within relationships of power and the subjectivity of individual experience.

According to Reay, one of the dominant features of habitus is embodiment. Embodiment is a useful way for revealing how experiences shape individual behaviors and dispositions. The second related aspect of Reay's approach, habitus and agency, positions an individual's habitus as capable of generating a wide array of possible actions, yet the choices of action are often constrained within existing practices and routines which predispose an individual towards certain actions over others. The third related aspect, habitus as a compilation of collective and individual trajectories, reveals habitus as multi-faceted, in which the individual's experience of current circumstances is intertwined with components of personal history, as well as the collective histories based in class and privilege. Reay's fourth related aspect, habitus as a complex interplay between past and present, frames past experiences as a source of influence for an individual's present engagement with others and with his or her surrounding environment (2004, 432-435).

Homelessness and Surveillance

Throughout the entirety of this thesis I use the term ‘homeless’ to identify those literally living without permanent housing. My usage is indented to align with the definition put forth by the U.S. Department of Housing and Urban Development (HUD), in which the homeless are primarily defined as individuals and families who lack a fixed, regular, and adequate nighttime residence (2011). In this chapter section, I introduce homelessness through the dominant cultural narrative of deviance. While perceptions and beliefs about the homeless are wide ranging and complicated, this narrative provides a useful starting point for explaining the range of benevolent and punitive surveillance techniques exercised over the poor.

The Homeless Deviant

To be in homelessness in America today involves a constant and intense exposure to a constellation of risks and enduring stressors associated with the instability and insecurity of living unsheltered (Willse 2015, 100). Indeed, contemporary research confirms that homelessness is a damaging experience in which those living in deprivation suffer from a wide range of afflictions including the highest rates of syndemic diseases (Singer and Clair 2003), including mental illness, acute and chronic physical health conditions, as well as psychiatric and addictive disorders (Bourgois and Schinberg 2009; Kim and Ford 2006; Shlay and Rossi 1992). Those within this population that have experienced prolonged or

multiple “episodes”³ of homelessness, identified as the chronically homeless, are literally defined by the disorders, illness, and disabilities they embody (U.S. Department of Housing and Urban Development 2015). For housed Americans who live largely in ignorance to their plight, the homeless conjure unpleasant images of disheveled panhandlers, downtrodden individuals shuffling down alleys with shopping carts, or sleeping on park benches. While anecdotal, such pictures are not unfamiliar precisely because the phenomenon of homelessness is a visible part of every major cityscape in America today. According to The Annual Homeless Assessment Report to Congress, there were an estimated 549,928 people experiencing homelessness in the United States in 2016. The majority of those experiencing homelessness were men (60%), nearly half of which were white (48%). Women also composed a large portion of the homeless demographic (39.5%), as did African Americans (39%), and families with children (35%) (Henry et al. 2016, 8-9).

Those living in homelessness communicate a disturbing message of abject poverty in one of the world’s richest nations. How can such stark inequality exist within an allegedly prosperous country of opportunity? If material deprivation is the byproduct of a free market economy, then the homeless certainly complicates our assurances of capitalism. Indeed, their visible occupation of the urban landscape in misery has generated an ongoing discourse about homelessness and what do *with* the homeless. Implicit in this discourse, which has historically excluded input from the homeless themselves, is that homelessness exists as a function of the very diseases and disorders the homeless embody. Deviance can be

³ According to the ‘pathways’ approach to homeless research, “Homelessness can be understood as an episode or episodes in a person’s housing pathway” (Clapham, 2003). I employ the term episode because it is used within the Housing First and PSH literature to demark periods of homelessness.

understood as a combination of behavior and identity judged as non-normative, illegitimate, and requiring management (Wasserman, Clair and Platt 2012). The deviance of homelessness, while not the only narrative, has had powerful impact on the way in which housed members of society organize and treat those deprived of stable and safe permanent housing. It is so pervasive and enmeshed into our purview that the image of the disheveled panhandler stirs ambivalent emotions of wanting to “help” but not “enable.”

Surveillance

This deviance narrative assumes the homeless are unfit or incapable of self-governance and therefore a population that must be surveilled. In practice, databasing the homeless through the implementation and use of Homeless Management Information Systems (HMIS) is the most widely used method for tracking, monitoring, and gathering information.⁴ Surveillance over those living in homelessness can be recognized within the advanced scope of shelters and anti-homeless ordinances. To be sure, sheltering the homeless and punishing the homeless are rooted within different ideological frameworks, yet both use surveillance as a way of achieving control over the “flagrant transgressors of the urban social order” (Baker and Evans 2016, 29).

The majority of individuals and families living in homelessness in 2016 stayed in shelters (Henry et al. 2016, 8). The sheltering industry represents the “compassionate” side of the deviance narrative. In which volunteers and employees, largely working in privately owned and operated non-profits, routinely employ surveillance to monitor the homeless

⁴ For more information on this see Craig Willse’s, *The Value of Homelessness: Managing Surplus Life in the United States*.

clientele they serve (Monahan 2017; Rollinson 1998). As anthropologist Vincent Lyon–Callo observed from his four years’ experience working in a homeless shelter in Massachusetts, surveillance is an important method for diagnosing the disorder(s) of the self that caused the individual to become homeless. He writes:

The monitoring is understood as a vital function through which the staff and guests can garner information for diagnosing the disorder needing treatment. For example, when staff monitoring or guest disclosure reveals an infraction of the rules, the offending person is called into the staff office to discuss the incident. A written warning describing the transgression is placed in the guest’s case file. More importantly, a conversation follows wherein the staff member uses the violation of shelter policies as evidence of an issue the homeless person needs to resolve if he or she hopes to become housed (2000, 334-335)

In addition to diagnosis, shelters employ surveillance to produce discipline as well as to “rehabilitate” the homeless through the widespread use of on-site counseling, job training and drug/alcohol treatment (Meanwell 2012; Sparks 2012). In their ethnographic examination of homeless encampments, work corners, and homeless shelters, medical sociologists Wasserman and Clair found that access to shelter beds often required enrolling in the shelter’s treatment program. Without such compliance, the authors write, “one’s shelter space was tenuous” (2011b, 51). In this context, the regime of surveillance and oversight for those who submit to the rehabilitation ethos of the sheltering industry find themselves enmeshed in a system that reaffirms their deviance (Sparks 2012). Here, surveillance is employed in a way that renders the deviance narrative as natural. It is perhaps no wonder that many among the homeless have come to perceive themselves within the lens of deviance (Wasserman, Clair, and Platt 2012).

Those who try to exist apart from the diagnosis and treatment regimens of the “benevolent” sheltering industry are monitored by law enforcement. In this case anti-homeless ordinances and policing serve as a more explicitly punitive method of regulating

deviancy. City ordinances developed to criminalize a narrow set of behaviors typified by the homeless, such as restricting sitting, standing, panhandling, and sleeping in public, are common and have existed across cities nationwide for decades (Stuart 2015). With no choice but to break the law it should perhaps be of no surprise that these “quality of life” ordinances lead to the highest rate of arrest and incarceration for individuals living in homelessness (Toolis and Hammack 2015). As surveillance studies scholar Torin Monahan articulates, “more than simply watching, surveillance practices exert influence and reproduce power relations through technological and non-technological means alike” (2017, 192). Such state sanctioned policing has framed the homeless of somehow guilty of the poverty that they embody, and therefore deserving of the punitive measures inflicted upon them.⁵ This aspect of surveillance, as it is employed in the pursuit of punishment, remains complicatedly wed to the pathologization of deviance. For example, individuals cited for violating anti-homeless laws are increasingly able to forgo punishments like that of fines and incarceration by enrolling in rehabilitation programs (Stuart 2015).

Housing First

According to the U.S. Interagency Council on Homelessness, Housing First is a proven approach, in which people experiencing homelessness are connected to permanent housing quickly without contingency of treatment, evidence of sobriety, or other barriers (2016, 1). Immediately placing individuals experiencing homelessness into low barrier PSH has been hailed as a radical and beneficial change to homeless services (Padgett, Henwood,

⁵ For more on the punitive and exclusionary functions of policing the homeless, see Forrest Stuart’s *On the Streets, Under Arrest: Policing Homelessness in the 21st Century*.

and Tsemberis 2016). In order to understand how this explicitly progressive intervention translates into practice I review the “working parts” of Housing First two ways. First, I discuss the Housing First approach through program pioneers Pathways to Housing and the Downtown Emergency Service Center, and fidelity assessments later developed for the widespread adoption of the Housing First approach into PSH programming. Second, I present current challenges to community building in PSH in order to frame this project’s contribution to the literature.

The Working Parts of Housing First

The Housing First Model was first introduced in 1992 through the New York City-based non-profit organization “Pathways to Housing” (Pathways).⁶ In stark contrast to the treatment based housing of this time,⁷ the Pathways service model positioned housing as a matter of right as opposed to something to be “earned” through sobriety (Greenwood, Stefancic, and Tsemberis 2013). One of the central tenets of Housing First developed under Pathways was the placement of vulnerable homeless clients into “low-barrier” housing. As the term suggests, low-barrier refers to immediately housing individuals with minimum expectations placed upon those being housed. Under the Pathways model, potential clients⁸ are referred to the program from homeless outreach teams, drop-in centers, jails, and hospitals, with priority given to those with severe psychiatric disabilities and co-occurring

⁶ While Pathways now operates in a number of cities, the original New York City-based program shutdown in 2014 (Padgett, Henwood, and Tsemberis 2015, 189).

⁷ For more on treatment based programming see chapter 2.

⁸ The term “client” is used to identify a recipient of services under the Housing First approach. In later chapters, I use the term for describing residents of PSH programming in reference to their position within the service arrangement.

addiction illnesses that had been unable or unwilling to obtain housing through treatment based programs. Once a client has been referred to Pathways he or she is placed straight into permanent housing. For this task, staff assist in locating and helping the client select an affordable one-bedroom apartment unit available on the open market (Tsemberis & Eisenberg 2000). This arrangement, where clients live apart from program services, is a purposeful feature of the scattered-site service model designed to allow those with psychiatric disabilities to live more normal and independent lives (Padgett, Henwood, and Tsemberis 2016, 4). Once a client has found appropriate housing, he or she must agree to two case manager visits per month and to pay 30% of his or her income, if applicable, toward rent. Apartment rentals are otherwise subsidized through a combination of city, state, and federal grants (Pearson et al. 2007; Tsemberis & Eisenberg 2000).

In addition to providing clients with immediate access to housing, the Housing First model pioneered by Pathways transformed the order in which services are delivered to the chronically homeless by incorporated consumer choice as a principle program tenet. (Tsemberis 2010). Once housed, supportive services are provided through a multi-disciplinary Assertive Community Treatment (ACT) team available to clients 24 hours a day seven days a week. This support feature allows for clients to choose the types and frequency of services they receive. Under this consumer choice philosophy, service plans are based upon client treatment goals and choices rather than on a clinical assessment of their needs. All supportive services then oriented by a harm reduction approach. Under this approach, service providers work with clients to mitigate the risks and negative consequences of client choices (Henwood, Stanhope, and Padgett 2010).

Originally founded in 1979 as an emergency shelter for individuals living in homelessness, Seattle's Downtown Emergency Service Center (DESC) began operating a similar Housing First model soon after Pathways. In 1994 the DESC opened The Union Hotel, a 52-unit apartment building housing previous chronically homeless clients with seriously mental illnesses and substance abuse disorders. Like that of its predecessor in New York City, the DESC developed supportive housing programming predicated upon housing as a right, and implemented the principles of low-barrier housing and consumer-driven supportive services (Pearson et al. 2007).

The DESC approach to Housing First did represent a variation from Pathways in a number of significant ways. First, while Pathways helped clients broker scatter-site apartments in privately owned buildings, the DESC supportive housing programming relied on single-site facilities owned and controlled by the DESC to house clients. Under this single-site arrangement, access to supportive services was made available on-site 24 hours a day, seven days a week (Padgett, Henwood, and Tsemberis 2016, 114). Also, the DESC incorporated the Vulnerability Assessment Tool (VAT) as part of their supportive housing program in order to more objectively prioritize limited housing resources to chronically homeless individuals. Briefly, the DESC VAT was originally developed VAT so staff could match homeless individuals with the greatest needs to limited shelter beds. This tool operated as a set of scales, each rating an individual's level of functioning across 10 domains that include, among others, survival skills, indicated mortality risk, medical risk, mental health, and substance abuse. According to the DESC, by rating a person's level of functioning or severity of condition across these domains, a comprehensive assessment of vulnerability can be reached and then compared with vulnerability assessments of other homeless people

(2009). Assessments were conducted as part of the intake process at area shelters, and those who test as being extremely vulnerable were then prioritized for housing. As the practice of “vulnerability indexing” grew over time, the DESC’s VAT became the authoritative instrument among Housing First service providers for identifying conditions linked to increased mortality among street populations, and for prioritizing limited housing resources to those who qualify most (Ginzler and Monroe-DeVita 2010). In 2016, the DESC adopted the Vulnerability Index – Service Prioritization Assistance Tool (VI-SPAT). The VI-SPDAT is a pre-screening tool used by street outreach teams for determining the specific needs of vulnerable homeless persons; matching individuals with the most appropriate support and housing interventions available (Community Solutions and OrgCode Consulting 2014).

The Housing First approach pioneered by Pathways and the DESC garnered federal level interest under the Bush Administration.⁹ In 2003, The HUD commissioned Pearson and colleagues for the federal government’s first comprehensive research on the Housing First approach. In this exploratory study, Pearson et al. first outlined the general features of Housing First programming to include: direct, or nearly direct, placement into permanent housing; access to supportive services in which participation is not a requisite for housing; and a low-demand approach committed to providing ongoing case management to clients (2007, 2). Second, to distinguish components of Housing First that positively influenced client housing tenure and stability, researchers then compared the Pathways model to the DESC model, and Reaching Out and Engaging to Achieve Consumer Health (REACH), a San Diego program established in 2000. Based on patterns in client data, interviews with

⁹ For more information on the federal government’s role in homeless management and Housing First see chapter 2.

program staff, and focus groups with program clients, Pearson et al. identified five program elements important to client housing tenure across each study site. These programming components were: (1) access to a substantial supply of permanent housing for clients; (2) client choice for housing preference; (3) a wide array of supportive services to meet the multidimensional needs of clients; (4) a program emphasis on community-based, client-driven services; (5) a staffing structure to ensure responsive service delivery; and (6) diverse funding streams for housing and services (2007, 97-102). In the years following this report, the Housing First components identified by Pearson et al. became integrated into HUD's PSH programming.

In recent years a variety of resources have been developed in order to ensure federally funded PSH programs are fidelitous to the Housing First approach. For example, the U.S. Interagency Council on Homelessness developed tools for practitioners such as "Implementing Housing First in Permanent Supportive Housing" (2014), and the "Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation" (2016). *St. Mary's House*, the subject of this research, adheres to the U.S. Department of Health and Human Services' "Permanent Supportive Housing Evidence-Based Practices KIT." From program development to later assessment, this comprehensive toolkit includes eight booklets detailing the essential components of PSH. Notice how the seven core elements of PSH outlined in the booklet, "Training Frontline Staff," mirror the same principles originally pioneered by Pathways a quarter century ago: 1) Choice of housing; to the extent possible people should be able to choose a type of housing they prefer. 2) Separation of housing and services; landlords and supportive services are functionally separate and distinct. 3) Decent,

safe, and affordable housing; tenants¹⁰ pay no more than 30% of their income toward rent. 4) Integration; that PSH be provided in integrated settings available to people who do not have disabilities or histories of homelessness. 5) Rights of Tenancy; in which tenants must have a lease in compliance with local landlord/tenant law. 6) Access to housing: prospective tenants do not need to be housing “ready” to be eligible for housing. 7) Flexible; voluntary services; tenants should be able to choose their treatment plans (Substance Abuse and Mental Health Services Administration 2010b, 2-5).

Challenges to Community Building

Researchers Parsell, Petersen, and Moutou (2016) have noted that there is a dearth of literature on resident and staff experiences of community in PSH. Existing research has primarily focused upon resident social integration into PSH (Patterson, Moniruzzaman, and Somers 2014; Quilgars and Pleace 2016; Yanos, Stefanic, and Tsemberis 2011; 2012). Studies within this narrow body of literature demonstrate that housing does not alleviate the negative consequences associated with chronic homelessness, including severe poverty and the stigmatizations associated with mental illness and substance abuse (Padgett, Henwood, and Tsemberis 2016). In fact, housing can contribute to resident isolation (Chang et al. 2015; Hopper 2012). In a study examining the fidelity and implementation of Housing First across five Canadian program sites over time, Macnaughton et al. (2015) found loneliness among

¹⁰ According to the “Permanent Supportive Housing Evidence-Based Practices KIT,” in PSH, tenants are tenants, not residents of a program (Substance Abuse and Mental Health Services Administration 2010a, 5). At *St. Mary’s House* all residents are technically clients of *MSO*, *YTS*, or *VASH*. I more often use “resident” over “client” or “tenant” as this term is more widely used by those involved with this project.

residents to be a reoccurring problem. There are a few possible reasons in the literature to explain resident isolation. First, having achieved stable housing, residents may simply no longer need to “participate” in activities associated with community. In their study examining residents’ early experiences of Housing First programming, Stergiopoulos and colleagues observed:

Participant isolation was the most prominent theme discussed by both service providers and participants. Service providers noted that participants’ move to independent housing often resulted in a change from an environment where they were surrounded by people (e.g. in a shelter or on the street) to one where they are on their own, necessitating early focused efforts to build and/or maintain social networks. One service provider noted that for participants to improve, the program had to “get [the participants] a home and then give them a reason to get out of it” (2014, 10).

Second, as Drury explained in her ethnographic study examining the transition of chronically homeless people from the street life into housing, the homeless interact with health service providers across a cultural divide produced by vast differences in lived experiences (2008). This divide, coupled with the relocation from former community networks forged in homelessness, create the circumstances for the formerly homeless to feel like “outsiders” (Brueckner, Green, and Sagers 2011). To address resident isolation and community participation more research is necessary to identify what is needed to enhance people’s lives in the long-term, yet studies on resident perspective and experiences of PSH programming are scant. To answer such questions research need to include input from the resident themselves.

The reasons why residents’ views are absent in the supportive housing dialogue are complexly intertwined within the history of chronic homelessness as well as federal level responses to homelessness. In the following chapter, I explore these connections through a critical analysis of how federal level neoliberal policies produce the structural circumstances

for chronic homelessness to exist as well as housing interventions that displace attention from these structural causes. This analysis offers important context for how Housing First has risen to prominence as the “solution” to chronic homelessness.

Chapter 2: Chronic Homelessness in the United States

In this chapter, I present a critical history of chronic homelessness in the United States through a structural analysis to argue that federal level neoliberal policies are responsible for the construction, proliferation, and maintenance of chronic homelessness. I begin by first explaining how the free market economic imperatives of urban renewal marked the inception of neoliberal rationale into federal policy. I then demonstrate how this rationale, which led to the razing of America's skid rows in the 1960s, left those unable to afford housing within the reconstructed landscape literally living on the streets without shelter. Next, I outline how the fiscally conservative policies of the Reagan administration, with specific focus upon the administration's deep cuts to affordable housing and mental health services, led to the institutionalization of neoliberalism which in turn directly contributed to an influx of homelessness and the emergence of chronic homelessness as a modern-day phenomenon. By the mid-1980s, the visible proliferation of homelessness led to a reengineering of the state, in which the medicalization of chronic homelessness emerged as justification for new mechanisms of governance. It was during this era of "roll-out" neoliberalism, in which managing the consequences of free market policies and welfare retrenchment became paramount. In the latter half of this chapter, I explain how the Housing First approach found a niche as chronic homelessness was being conceptualized as a costly and visible problem, and I demonstrate how program success was necessarily contingent upon narrowly framing Housing First as a cost-effective means for removing the chronically homeless from the streets. I conclude with a reflection on the Housing First approach which problematizes predominant measures used to frame program success. I suggest that the

Housing First approach and PSH programs that operate within this current neoliberal rationale will continue to circumvent the structural inequalities that reproduce chronic homelessness as a phenomenon.

Construction and Maintenance of Chronic Homelessness through Federal Policy

In order to explain the construction of maintenance of chronic homelessness, I begin by situating homelessness in the post-WWII years. What follows is a chronological, process-based account marked by federal level interventions or policies. By tracing the dynamic evolution of federal level neoliberal policy, I demonstrate the ways in which the state has retreated from a commitment to insuring basic protections for the poor.

Situating Chronic Homelessness within Contemporary America

While homelessness has long been recognized as a problem in the United States (Peters 1990), research on the phenomenon did not attract widespread attention until the post-World War II period when federally funded commissions brought the topic of urban homelessness to social scientists (Rossi 1990). The resulting research of the 1950s and 1960s characterized the homeless as those living outside traditional family units, and typified homeless persons as transient, poor, white-male laborers, and older alcoholic pensioners living sheltered and alone in city districts collectively known as skid row (Bogue 1963; Muedeking and Bahr 1976). The term skid row, believed to have originated in either Vancouver or Seattle after the practice of skidding logs down city streets to waterfront mills, has been used to identify impoverished sections of urban areas that typically house the poor (Rollinson 1998, 105). Skid rows of the post-World War II era were distinct enclaves in most

American cityscapes, and prominent features of New York, Philadelphia, Chicago, Los Angeles, and Seattle, among others. Skid rows then could be readily identifiable as areas of clustered single room occupancy housing (SROs), temporary employment agencies, and inexpensive restaurants and bars. Here, it is important to stress that the vast majority of this population would not fit into contemporary conceptions of homelessness as the homeless of this era lived sheltered in the private hotels and the SROs of skid row (Shlay and Rossie 1992; Willse 2015, 85). In many cities these skid row districts had always existed, while others had been newly formed along coastal ports and near industrial zones in response to the demand for cheap and readily available labor during America's wartime economy (Haley 1989). In research undertaken on behalf of the Urban Renewal Administration in the late 1950s, sociologist Donald Joseph Bogue compiled the era's first comprehensive social research analyzing the inhabitants of skid rows. After surveying 41 skid row districts and conducting hundreds of interviews with skid row residents, Bogue estimated that the nationwide number of homeless men living in skid rows to be nearly 100,000. Bogue described the homeless he encountered within a continuum ranging from workingmen attracted to the cheap living, transient employment, and a tolerance of deviant persons and behaviors, to the permanently poor such as physically disabled and elderly men living off of public assistance or small pensions, and chronic alcoholics living in skid row without work and without funds. Within this context skid row existed as an economic resource for labor and served as a social system for the marginalized, where society's poor, disabled, maladjusted, and mentally ill could live in congregation (Bogue 1963).

In post-World War II America there was no single agency or federal program that worked on behalf of the homeless. With the vast majority of the homeless concentrated to

skid row districts across America, homelessness was viewed by the federal government as a local problem and the responsibility of local institutions (Sparks 2012, 1515; Willse 2015, 82). Faith-based organizations of this era served as primary resources for the homeless (Rossi 1989, 27). Driven by compassion and a call to service, rescue missions within skid row operated soup kitchens, food pantries, and shelters, and served as places “to dry out, get a meal, and hear a sermon,” (Padgett, Henwood, and Tsemberis 2016, 31). The role of faith-based organizations as service providers and the provisions of services would transform by the turn of the century.

The attention and funding skid rows had garnered from Bogue and his contemporaries occurred against a backdrop of decay. Between 1950 and 1970, skid row populations across America declined by as much as 50% (Lee 1980). In the decades following World War II, innovative technologies were transforming the economy and the need for transient, unskilled labor. For example, forklifts for unloading freight trailers and railroad cars were becoming increasingly available, and could accomplish in a few hours what would have taken teams of laborers a whole day (Rossi 1989, 21). During this time social scientists working in America’s most prominent skid rows framed the waning economic importance of skid row as an indicator that homelessness would eventually disappear altogether (Bogue 1963; Muedeking and Bahr 1976; Rossie 1990).

Ostensibly, the post-WWII period represented a continuation of the progressive and New Deal era policies. From the 1940s and 1950s, through the War on Poverty, the federal government favored strong macro-level supports and intervention during periods of weak housing security (Beard 2013). For example, the public housing program funded under the Housing Act of 1949 and 1954 provided affordable housing for low-income families

(Hoffman 2000), and in 1965, the Johnson administration established the Department of Housing and Urban Development (HUD), which instituted a major expansion of the Federal government's role into low-income housing programming (Beard 2013). However, the Housing Act and its subsequent expansion in 1954 served a complex array of interests that ultimately surpassed that of serving the poor. Among other things, the act incentivized home ownership among the middle-class. The prospect of home ownership proved to be the impetus for many white middle-class families to move out of America's cities in a demographic shift characterized as "white flight" (Wasserman & Clair 2011a). In addition, contemporary urban renewal programming passed under the Housing Act served to allocate federal funding for community redevelopment programs that specifically targeted America's declining skid rows (Haley 1989; Hoffman 2000). Under the very same legislation which had provided affordable housing to low-income families, cities were allowed to acquire "slums," which were then given to private entrepreneurs for commercial development (Hoffman 2000). The increasing vacancy rates of skid rows created the circumstances for city planners and local officials to seize upon federal directives to reinvent traditionally marginalized districts as prime real estate investment for tourists and the wealthy urban elite (Willse 2010). Soon luxury condos and apartments grew out the skid rows of Boston, New York City, and other enclaves once teeming with society's vulnerable.

The definition of homelessness would change as the social system of skid row unraveled under new the economic imperatives of urban renewal. By the 1970s the dilapidated city sections that had once sheltered the homeless in concentration were gone, but the efforts to economically reshape the country's urban centers had not put an end to homelessness. The consequence of urban renewal projects that favored the wealthy elite and

displaced former skid row inhabitants did not translate to additional or alternative social supports for the homeless. Rather predictably, amidst rising unemployment and inflation in the 1970s, those unable to afford housing within the reconstructed landscape were left literally living on the streets without shelter (Jones 2015; Rossi 1990).

Urban renewal and the nationwide dismantlement of skid row during this time marks the inception of neoliberal economic rationale into federal policies. In general terms, neoliberalism can be identified by the ways in which particular forms of free market rationality are applied to traditionally noneconomic spheres (Guta, Flicker, and Roche 2013; Williams, Cloke, and Thomas 2012). To be sure, urban development has always been closely wed to the economic sphere. Under these circumstances however, it was the federal government's role in incentivizing the destruction of skid rows, which had still broadly served as de facto systems of social support for the destitute and vulnerable, so private entrepreneurs could renovate and resell those very same properties to more economically valued members of society, which reveals neoliberalism as a political project. This subtle retrenchment from progressive policies marked the emergence of the government's role in reengineering the state. In *A Brief History of Neoliberalism*, distinguished geographer and anthropologist David Harvey characterizes the concept in relation to the state:

Neoliberalism is in the first instance a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets, and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practices" (2005, 2).

The redevelopment and rebranding of skid rows as economic opportunities for the wealthy, and the negative impact urban renewal had upon the poor, marks an important turning point for an emerging homeless population.

The Construction of Chronic Homelessness

The election of Ronald Reagan in 1980 represented a stark ideological break from the federal government's longstanding role in public welfare dating back to the New Deal (Beard 2013). Under the new administration, poverty was framed as a problem rooted within the individual—a response to personal crises or character flaws, and it was an individual's responsibility to choose ways of living that avoided the risks of poverty. To be sure, Reagan did not invent the individualization of poverty and his ascent to the presidency should be examined within the context of a broader political shift among American voters. What Reagan did do was position neoliberal rational—that the individual is the entrepreneur of his or her destiny, as justification for the federal government to divest in the structural interventions used to protect its citizens (Bourgois & Schinberg 2009, 109). Within the first year of his term the new administration was able to defund longstanding social supports through the passage of The Omnibus Reconciliation Act of 1981. This act served as a single legislative mechanism to comprehensively reduce government spending on social programming and public assistance, and produced the largest cuts in peacetime federal domestic spending in the country's history (Ellwood 1982). Among the wide range of domestic spending cuts under the Omnibus Budget Recovery Act, two in particular exemplify federal divestment in supportive services: the defunding of HUD's budget for low-income housing and the repeal of community health legislation which effectively ended the federal government's role in serving the deinstitutionalized. These reductions under the Omnibus Reconciliation Act, and its later iterations, formed the basis for the “new homeless”

to emerge that would include families, women and children and minorities (U.S. General Accounting Office 1985).

In Reagan's first year in office, the federal budget for public housing and section 8 subsidies was halved (Bourgois & Schinberg 2009, 148). Since establishing the Public Housing Administration in 1937, federally subsidized affordable housing was developed as a way to keep impoverished families housed (Beard 2013). Continued under the development of HUD in 1965, these federal rental subsidies had successfully kept millions of low-income families from becoming homeless (Padgett, Henwood, and Tsemberis 2016, 18). This change to housing policy meant city budgets were unable to afford building new low-income rental apartments or even maintain existing housing. The resulting shortfall in affordable housing left millions of low-income Americans like that of single parent households, families living off of minimum wage, and those bound to fixed or disability incomes, unable to afford shelter in the unregulated housing market that had seen rents steadily rise over the decade. Between 1970 and 1983, medium monthly rental rates increased by 192% (Gilderbloom 1986). Households with less resourceful social networks for financial support or housing alternatives suddenly became vulnerable to homelessness and this problem would only worsen. By the end of Reagan's presidency, cuts to HUD funding had reduced its share of the federal budget by 80% (Koschinsky, 1998).

The repeal of community health legislation under the Omnibus Reconciliation Act ended the federal government's role in funding community mental health services, leaving deinstitutionalized mentally ill persons without the adequate resources for effective, long-term treatment. Deinstitutionalization as a process, refers to the restructuring of supportive services for the mentally ill or developmentally disabled from state level psychiatric hospitals

to community mental health services. This concept was rooted in the progressive era notion that communities could better serve the needs of the mentally ill and developmentally disabled (Humphreys and Rappaport 1993). From the 1950s through the 1980s hundreds of thousands of former patients were discharged. Though the number of patients in psychiatric wards decreased, the deinstitutionalized did not disproportionately impact the homeless population initially (Morrell-Bellai, Goering, and Boydell 2000). This changed once existing federally funded community health legislation was repealed, and fiscal responsibility of community mental health services was transferred to local governments through smaller state level block grants (Humphreys and Rappaport 1993). The reprioritization of funding effectively terminated the federal government's role in community mental health services which resulted in existing community treatment facilities, already overburdened and underfunded, to become inadequate resources. Constrained by very limited access to mental health treatment, the mentally ill who were incapable of supporting themselves and unable live independently found themselves more at risk in becoming and remaining homeless (Elliott and Krivo 1991). The impact of mentally ill persons entering into homelessness during the 1980s would permanently alter perceptions of the homeless.

Due to HUD cuts to low-income housing and the repeal of community health legislation, homelessness literally spilled into the streets, subways, and city centers of America, becoming visible in communities and neighborhoods that had not experienced homelessness in the past. A report issued by the U.S. General Accounting Office cited a 66% nationwide increase in the number of homeless shelters from 1980 through 1984 (1985, ii). This growing cohort of homeless were not the transient laborers or down and out social misfits documented by Bogue and others social scientists in the era of skid row. Rather, these

individuals experiencing homelessness included families and unaccompanied youth. By the 1980s families, women, and children, grew quickly from being an almost non-existent segment of the homeless population during the 1950s and 1960s to about 25% of the total homeless population (Murphy and Tobin 2011). On any given night in 1988 there was an estimated 68,000 homeless children and an additional 186,000 children that were likely “doubling up” with friends and family (Lewit and Baker 1996).

By the late 1980s the “new homeless” had become an entrenched phenomenon. Researchers began identifying the new homeless as the consequence of structural and individual problems (Shlay and Rossi 1992), in which those with chronic mental health issues were identified as incapable of competing for housing in the free market (Calsyn and Morse 1991). Indeed, many who entered into homelessness during this period became unable to escape. For example, in the summer of 1985 Freeman and Hall interviewed 516 homeless persons in New York City, documenting that many had been homeless for between 6–8 years (1986). In a similar Chicago-based study, researchers found that as many as 25% of the homeless population has been continually homeless for more than two years (Rossi and Wright 1987). The young children, women, minorities, and mentally ill, now visibly living in the streets challenged the notion that homelessness was a chosen way of life. This new generation slept in doorways and alleys as opposed to SROs, and lived without the possibility of casual employment. Indeed, traditional indicators, such as periods of economic growth or recession would prove to be insufficient variables to account for this growing demographic of long-term homelessness.

The Maintenance of Chronic Homelessness

This influx of homeless occupying America's cities without social support and shelter inspired widespread public outcry. For example, New Yorkers advocated for local government intervention through organizations like the Homeless Clients Advisory Committee, United Homeless Organization, and Parents on the Move (Mathieu 1993), while national non-profits like that of the National Alliance to End Homelessness, National Coalition for the Homeless, and the National Law Center on Homelessness and Poverty, took on policy initiatives from Washington D.C. (Padgett, Henwood, and Tsemberis 2016, 36). By the mid-1980s protests were occurring across the country and in greater frequency as the decade wore on. The accumulating pressure pushed homelessness to the forefront of the political discourse.

The federal government responded to the mounting public pressure in 1987 by enacting The Stewart B. McKinney Homeless Assistance Act. Later renamed the McKinney-Vento Homeless Assistance Act in 2000, this bill defined a homeless person as an individual who lacks a fixed, regular, and adequate nighttime residence, including an individual whose primary nighttime residence is that of a shelter or an institution intended to provide temporary living accommodations, or a public or private place not designed for regular sleeping. Under this law HUD incorporated sheltering the homeless as part of its development objectives, The United States Interagency Council on Homelessness—an assembly of 19 federal agencies tasked to advance federal collaboration and coordination to combat homelessness, was created (The Stewart B. McKinney Homeless Assistance Act 1987).

The McKinney-Vento Act was significant for two reasons. First, it presented the first federal definition that, as opposed to the homeless of the skid row era, defined homelessness by housing insecurity. Second, the interventions enacted under the law articulated the very beginnings of a new era of governance. In a subtle shift from the logic that the Reagan Administration originally drew upon as justification for the retrenchment of progressive era social supports, the federal response to homelessness—build more homeless shelters—was premised upon homelessness being a consequence of personal crisis. This individualization of homelessness presented a nuanced narrative of blaming the poor, in which federal level policies that led to the creation of the new homeless problem were countered with a response that sought to monitor and manage those suffering the consequences rather than enact substantive changes to ameliorate the systemic causes. In their process-based analysis of neoliberalization, Peck and Tickell (2002) distinguish the market-logic employed under Reagan that led to the dismantlement of the social supports as “roll-back” neoliberalism, and the subsequent attempts of governing and containment of the marginalized and dispossessed as “roll-out” neoliberalism. Both features collectively work to further neoliberal directives, that is, to preserve an institutional framework of free market capitalism and perpetuate the individualization of poverty. In the words of medical anthropologist Paul Farmer, “Neoliberal thought is central to modern development efforts, the goal of which is less to repair poverty and social inequalities than to manage them” (2004, 313).

The McKinney-Vento Act authorized 350 million dollars in its first year for states, along with private and public organizations, to open and operate emergency shelters (Padgett, Henwood, and Tsemberis 2016, 20). Funding was administered by HUD, in which applicants from individual organizations received federal funding for shelter assistance through

annually awarded non-competitive, needs-based allotments (U.S. Department of Housing and Urban Development 2009, 1). This sudden influx of money had the effect of ushering in a new era of homeless management in which new and existing organizations developed or restructured programming to meet the directives put forth by under the McKinley-Vento Act. Despite the extensive network of shelters developed in the years following the passage of the McKinley-Vento Act, homelessness continued to be fixture upon the landscape. In 1990 it was estimated there were as many as 3 million people homeless America (Rowe & Wolch 1990).

President Clinton enacted the first major changes to the McKinney-Vento Act as part of the Continuum of Care (CoC) in 1994. Briefly, the CoC was a federal level response to homelessness put forth by HUD and a team of experts tasked by the Clinton administration to develop a more effective way of managing homelessness (Lyon-Callo 2008, 12). The result was an approach that no longer depicted homelessness as an acute crisis to be remedied through emergency assistance, rather the phenomenon was re-envisioned as a complex, long-term problem, which required supportive housing programs to “treat” the symptoms thought to cause homelessness (Lyon-Callo 2000). The treatment based framework articulated by the CoC structured a hierarchical ordering of services based upon the assumption that the homeless person must demonstrate he or she is psychiatrically stable, sober, and otherwise “housing ready” before being granted independent living. The first step in the continuum process was connecting the homeless individual with service providers through outreach programs and drop-in centers. This homeless individual was then processed through a series of supportive living arrangements in which advancement toward more independent housing was based on positive assessments from service providers. Enrollment and successful

completion of treatment based programming was contingent on participation in mental health treatment and sobriety (Gulcur et. al 2003; Padgett, Henwood, and Tsemberis 2016, 7). In this way, the CoC operationalized the logic that housing must be predicated upon individual behavioral change.

The effort to address homelessness as an individualized disorder was accompanied with targeted federal funding for treating the homeless. Funding that had been narrowly allocated under the original passage of the McKinney-Vento Act was rerouted under the CoC to require each community to submit a single comprehensive application in which long-term strategic plans for combating homelessness were prioritized (U.S. Department of Housing and Urban Development Office 2009, 1). This reprioritization, and the subsequent bureaucratization of homeless services that followed, created the circumstances for a new market-driven industry to emerge. By the end of the decade, many traditional faith-based organizations as well as newer advocacy-based groups had transformed into large multipurpose operations (Padgett, Henwood, and Tsemberis 2016, 46). Requiring service providers to align their services within narrowly defined directives in order to successfully compete for funding illustrates a complex and nuanced manifestation of “roll-out” neoliberal governance. Here, anthropologist Vincent Lyon-Callo describes the significance of the CoC:

With the desire to reform “the poor” through governing, “the poor” have been constituted as subjects suffering from disorders of the self and in need of training and education to reform the characteristics and behaviors making them poor. On this view, the very bodies of poor people need to be regulated and reformed, leading to the development of government institutions, trained experts, and professional reformers like social worker, urban planners, teachers, health services, and police to “manage” and “regulate” the lives of the poor in the interest of “normalizing them” (2008, 18).

While the CoC expanded the ideology of homelessness as a personal failing, low retention rates revealed treatment based programming to be ineffective (Gulcur et al. 2003).

During the CoC era, researchers and advocates had been identifying those unable or unwilling to be served by treatment based programming as the chronically homeless. Burgeoning research on this sub-population connected the chronically homeless with a disproportionate over-use of resources. For example, based upon data from early 1990s public shelter utilization among homeless adults in New York City and Philadelphia, Culhane and Kuhn found that repeat and long-term homeless persons used a significantly greater amount of shelter resources than the rest of the homeless population. According to this study, “Repeat and long-term shelter users have a significant impact on system wide utilization, with the heaviest users (more than 180 days in the first year of admission) consuming triple the days for their proportionate representation in the population in both cities” (1998, 38). In a similar study published a few years later, Culhane and colleagues found that chronically homeless persons make up approximately 10% of the homeless population and consume about 50% of all homeless assistance resources like that of shelters, hospitals, Medicaid-funded services, and state psychiatric inpatient services (Culhane, Metraux and Hadley 2002).

By the turn of the millennium the federal government implemented a definition to identify the chronically homeless as those who have experienced homelessness for a consecutive 365 days or longer, or who have experienced a least four episodes of homelessness in the last three years, and have a disability that is defined as a diagnosable substance abuse disorder, serious mental illness, or developmental disability, or a combination of co-occurring disabilities that makes the possibility of escaping homelessness all but impossible (U.S. Department of Housing and Urban Development 2007a, 3). Here, the federal definition explicitly identified the chronically homeless through pathologies in which

mental illness and development disabilities served as the basis for more frequent use of public resources and a general inability to maintain housing. This medicalization of chronic homelessness is significant in that it further divorced homelessness from being a housing issue. As cultural studies scholar Craig Willse explains: “Medicalization should not be read in a narrow or always literally ‘medical’ sense; rather, it is meant to evoke how the body and mind of the individual become targeted as the source of social problems” (2015, 97). The medicalization of chronic homelessness, coupled with the implication that the established way of managing homelessness was too expensive for this specific sub-population, laid the foundation for a new type of homeless management to emerge.

Housing First was pioneered by psychologist Sam Tsemberis through the New York City-based non-profit organization “Pathways to Housing,” as a way to achieve more successful housing interventions for homeless individuals living with severe psychiatric disabilities and co-occurring addiction illnesses that did not otherwise meet the demands of treatment based housing programs. While the treatment based programs sought housing candidates that were willing to subscribe to sobriety, Housing First specifically prioritizes housing candidates who exhibited the severest cases of mental illness and addiction. This change in priorities however does not represent a significant break in those identified under the CoC. Most prominently, medicalizing candidates as a prerequisite to housing serves as another means for delineating those worthy of housing from those that are not.

The Rise of the Housing First Approach: Measuring Success in the Neoliberal Age

Housing First came to fruition during the era of roll-out neoliberalism. Convincing policy makers during this time that Housing First was a viable alternative to treatment based

programming required studies that responded to the long-held goal of removing the homeless from the economically valuable urban landscape, as well as to the new fiscal dimensions of homelessness. According to Stanhope and Dunn, ““It was the progressive nature of the program that drove the need for research” (2011, 278).

In a premier study comparing Housing First to treatment based programming, Tsemberis and Eisenberg (2000) tracked housing tenure among 242 clients of Pathway against a citywide sample of 1,600 individuals who were housed through treatment based programs over a five-year period from January 1993 to September 1997. Remarkably, Tsemberis and Eisenberg found an 88% housing retention rate among Pathways clientele compared to a 47% retention rate among clients of the city’s treatment based programs. Within this timeframe, Stefancic and colleagues conducted a four year randomized trial in which homeless mentally ill persons in New York City were either assigned to Housing First through Pathways or to treatment based programs. This randomized trail demonstrated remarkably similar results to that of Tsemberis and Eisenburg: over the course of four years Pathways had successfully retained almost 90% of their clientele (Stefancic et al. 2004). The ingenuity of these early assessments undertaken by Tsemberis and colleagues was their ability to quantifiably demonstrate Pathways as a more effective approach for retaining clientele than treatment based programs.

Galvanized by this emerging evidence base, in 2002 the Bush Administration announced its campaign of ending chronic homelessness in 10 years.¹¹ As part of this campaign the Bush Administration revamped U.S. Interagency Council on Homelessness

¹¹ This initiative was first articulated by the National Alliance to End Homelessness in 2000 in the report entitled, “A Plan, Not a Dream: How to End Homelessness in 10 Years.”

(the council had been left underfunded and without staff under Clinton), and pledged 4 billion annually for HUD to address homelessness (Padgett, Henwood, and Tsemberis 2016, 20). Like that of the previous era of homeless management, these locally produced plans had to fall in step with federal procedures and prerogatives in order to receive funding. The principle difference in this latest iteration is that 10-Years Plans prioritized funding to communities that performance-based strategies centered upon Housing First (Sparks 2012).

Housing the chronically homeless within 10 years was an ambitious and difficult goal, in 2005 alone there was an estimated 169,879 persons thought to be chronically homeless (U.S. Department of Housing and Urban Development 2007b, v). This reality spurred new calculated investigations into Housing First retention rates. Resulting studies were able to affirm that the Housing First approach more successfully housed chronically homeless individuals than treatment based programming, as well as retain a more diverse demographic of clientele then previously documented (Padgett, Gulcur, and Tsemberis 2006; Pearson, Montgomery, and Locke 2009; Stefancic and Tsemberis 2007; Stefancic et al. 2013; Tsai, Mares, and Rosenheck 2010), including individuals with severe alcohol problems (Collins et al. 2013), and veterans (Montgomery et al. 2013). Many of these studies have followed within the framework originally put forth by Tsemberis and colleagues. For example, Brown et al. (2016) explored the effectiveness of single-site Housing First programming for two groups of people with serious mental illness. One group was housed through a DESC program and the other through an alternative treatment based program. After one-year Brown and colleagues found that 90% of DESC clients remained housed as compared to 35% of those housed through the alternative treatment based program.

The cost savings of Housing First as an alternative to allowing individuals to remain homeless has studied in a variety of contexts (Culhane, Metraux, and Hadley 2002; Larimer et al. 2009; Shinn 2014); including individuals with psychiatric disabilities (McLaughlin 2011), and older homeless adults (Brown et al. 2015). One of the more common approaches for demonstrating the cost savings of the Housing First approach follows in a pre-post research design. For example, McLaughlin (2011) used detailed service-utilization data from organizations including social service providers, police, county jails, emergency rooms, homeless shelters, community service providers, and Medicaid, to map the usage of services of formerly homeless participants with mental illness two years prior to living in PSH programs as compared to service-utilization two years after participants entered PSH. Data analysis revealed a significant drop in service-utilization after participants entered PSH. In a review of 34 studies focusing on the cost offsets of Housing First from 2007 through 2015, Ly and Latimer (2015) found that all but one study was a comparison between the costs incurred by individuals in Housing First programming with those incurred by a group in homelessness, or the same group before introduction of Housing First. Concluding that studies using this pre-post design reported a net decrease in overall costs with Housing First. By demonstrating Housing First cost-effective alternative to allowing the chronically homeless to cycle through services, researchers were able define the success of Housing First within a carefully targeted argument that federal policymakers could understand.

Within the context of substantive and ever accumulating evidence base, legislators reauthorized The McKinney-Vento Act in 2009 with the passage of The Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH). This act placed a greater emphasis on the rapid re-housing of the homeless as well as PSH modeled in the

Housing First approach (National Alliance to End Homelessness 2016, 4). The following year the Obama Administration introduced a comprehensive commitment to end homelessness entitled, “Opening Doors: Federal Strategic Plan to Prevent and End Homelessness.” This federal strategic plan, later amended in 2015, declared supportive housing using the Housing First approach as the “solution” to ending chronic homelessness by 2017 (U.S. Interagency Council on Homelessness 2015, 15). Like that of earlier Bush era “10-year plans,” government funding for ending chronic homelessness was awarded to private agencies and municipal governments to administer (Willse 2015, 93). The impact of this legislation coupled with The Obama Administration’s “Opening Doors” policy led to the immediate proliferation of PSH, in which more than 86,000 units were developed from 2007 through 2010, far outpacing the development of shelters or treatment based programs (U.S. Department of Housing and Urban Development 2012, 11).

In the years following the federal prioritization of the Housing First approach, the numbers of chronically homeless individuals have dropped nationwide. According to the U.S. Interagency Council on Homelessness, chronic homelessness was reduced by 21% nationwide after the first five years of “Opening Doors” (2015, 6). While such reductions have been touted by many, geographer Fran Klodawsky cautions that such widespread reductions in homelessness should be considered against questions of social justice and who is entitled to collective rights of the city. According to Klodawsky, PSH can serve as the vehicle for further excluding the marginalized from visibility and their rights to public space (2009). In addition to the implications of removing the least economically valued members of society from the urban landscape, the accumulated body of research assessing the cost-savings of Housing First problematically frames homelessness as an economic burden in

which justification for housing is only sufficient for the most expensive of the homeless subpopulation. This rationale certainly speaks to how deeply embedded neoliberal free market ideologies have become. Here, Stanhope and Dunn lend insight into the limits of this evidence-based research on homelessness in its ability to inform policy, “The reliance on the argument that a problem is costly and visible creates strange incentives within policy making, implying that less costly and less visible problems will not make it onto the policy agenda, whatever their moral magnitude” (2011, 280). Moreover, Housing First does nothing to alter the structural mechanisms for those susceptible to becoming chronically homeless—as of 2016 the U.S. had a shortage of 7.4 million affordable and available rental homes for extremely low-income renter households (National Low Income Housing Coalition 2017, 2).

The analysis put forth in this chapter contributes a critique of how federal level neoliberal policies are responsible for the construction, proliferation, and maintenance of chronic homelessness. Within this structural analysis, I introduced the rise of the Housing First approach as being complexly enmeshed in a rationale that problematizes the visibility and costs associated with chronic homelessness by demonstrating how program success was necessarily contingent upon narrowly framing PSH as an economic means for removing the chronically homeless from the streets. When taken together, this critique provides a necessary foundation for understanding the history of chronic homelessness and later federally funded homeless service intervention programs, as well as prerogatives that have shaped research on PSH. In the following chapter, I outline my collaborative research project with staff and residents of *St. Mary’s House*.

Chapter 3: Applied Anthropology: Project Development and Methodological Design

This research was a collaborative effort with *St. Mary's House* staff and residents. In this chapter, I present the necessary components of project development and methodological design in four parts. First, I provide an overview on *Mission Services and Outreach*. Second, I frame my project approach within the three interrelated components; (1) the formation of my relationship with *St. Mary's House*, (2) the implementation of Participatory Action Research (PAR), and (3) my positionality. Third, I frame my use of ethnographic methods, which included over 75 hours of participant observation and ten semi-structured interviews with staff and residents, as well as my multifaceted implementation of photovoice with seven participants. Fourth, I review the ways in which data was analyzed and communicated with stakeholders.

Introduction to *Mission Services and Outreach*

Mission Services and Outreach (MSO) was originally founded in 1918 as a regional charity serving Seattle's abandoned and orphaned children. The size, scope, and operating capacity of *MSO* has transformed over the years and is now Washington State's largest non-profit to provide assistance to the poor and vulnerable. In Whatcom County for example, since first opening a local office in 1939, *MSO* has grown to provide a wide range of supportive services, from child and youth services to addiction and mental health services. Here, *MSO*'s ongoing commitment to those in need is demonstrated in an excerpt from the organization's Mission Statement: "...Our focus is on those individuals, children, families,

and communities struggling with poverty and the effects of intolerance and racism. We actively join with others to work for justice.”

In 1979, *MSO* founded and incorporated *Mission Housing and Outreach (MHO)* for developing affordable housing programming and managing supportive services for low-income families and individuals. Among the guiding directives of *MHO* is building community through relationships. According to *MHO*'s website:

Creating safety and stability for vulnerable people and building community are the heart and soul of *MHO*'s mission. We greet people who come to our programs by name, welcoming them and referring to them as residents or guests. We want them to know that we will listen to them and we are willing to share their story. Taking the time to listen to the struggles of their lives is a crucial part of our ministry, and is the basis for this “ministry of presence” we share with the people we serve. It is the depth of the relationships we have with our residents that enables community to happen in our programs; we believe with Thomas Merton that “in the end, it is the reality of personal relationships that saves everything.

In 2009, *MSO* reorganized their programming, redefining *MHO* to focus exclusively on the development and management of affordable housing and PSH programs. This reorganization, which delineated a separation between housing and services, thereafter aligned *MSO/MHO* within the national principles of PSH (Substance Abuse and Mental Health Services Administration 2010a, 5). Now *MHO* exclusively works toward building and managing housing, as well as raising money for housing projects, whereas *MSO* focuses solely on providing supportive services such as counseling and case management to clients of supportive housing. According to conversations with the program director, this separation has allowed for the organization to more effectively compartmentalize and manage the types of services they provide and suits the organization's management of supportive housing services.

Research Approach

Developing a project design with *St. Mary's House* and *MSO* proved to be a fundamental requirement of this research process. In the following, I recount the three interrelated components that made this collaboration possible.

Preliminary Research: Forming Relationships

I began my first months as a graduate student exploring possible avenues for conducting ethnographic research locally. The concept for this project originally came to fruition while I was attending a Human Rights Task Force meeting at the County's Peace and Justice Center in September of 2015. While discussing my emerging interest in homeless with attendees after the meeting, the Task Force's then-executive director mentioned the newly built *St. Mary's House* as a potential setting for my research.

Intrigued by this new local program designed to house the chronically homeless, I approached the program director of *St. Mary's House*, Megan Treadwell, in October of 2015 with the idea of conducting qualitative research with residents. By then, *St. Mary's House* had been in operation for only a few months. During my first tour of the building Megan, an energetic woman in her late-30s who as program director is in charge of all on-site operations and supportive service programming, expressed her interest in working with me in a collaborative effort to capture the ways in which *St. Mary's House* fosters belonging among residents. Formal meetings started in November of that same year. From the beginning, Megan (whom I refer to henceforth simply as the program director) made clear the importance of designing a project that accounted for the acute vulnerabilities of residents,

and conducting research that would in no way jeopardize the identity, safety, or stability of residents or staff. Under these directives, we both agreed that a project tentatively centered upon community at *St. Mary's House* would be a mutually beneficial area for research. This emerging relationship with the program director would prove to be critical in gaining support for this project.

That winter, I proposed conducting an ethnography on resident counselors (RCs)¹² at *St. Mary's House*. This request spurred a discussion within *MSO* in which I was informed that *MSO* does not generally allow for outside research to occur within their programs. In order for me to conduct research at *St. Mary's House*, in any form, I would need my research proposal to be vetted by *MSO's* Risk Management Department beforehand. This request provided the focus to develop a research question that suited the various interests of *MSO* stakeholders and academia. In follow-up meetings with the program director we discussed the program tenet of crafting a place for residents to belong. In particular, the program director developed an interest in understanding the tensions that impact residents' experiences and what aspects of programming work from those that do not. To address these interrelated objectives, I devised a project proposal to engage residents and staff in research that would shed light on the range of perceptions associated with community at *St. Mary's House*, in which findings could contribute to the program goal of "crafting a place to belong."

During this process I began volunteering at *St. Mary's House* beginning in February of 2015. As a volunteer I attended local events and the monthly Community Meal, as well as

¹² In addition to using RC as a stand-in for referring to a resident counselor, and CM for a case manager, these acronyms are intended to distinguish employed staff members from residents.

just “hung-out”¹³ with residents one evening a week. Essentially, hanging-out meant meeting residents on their own terms and participating with them in whatever it was they were doing, sometimes joining them as they watch T.V., smoke outside, or eat dinner. But there were many instances where no residents would be around or willing to talk to me so I would simply sit next to the front desk with whichever RC was on duty. I believed volunteering provided an important ethical precondition for getting to know people first, in which I was able to tangibly demonstrate to the program director my commitment to both the program and residents. Additionally, volunteering served an instrumental effect for establishing rapport. Through volunteering and my continued presence on-site, I was able to establish relationships with residents and staff which proved important for eliciting later project participation.

Participatory Action Research (PAR)

As my initial dialogue with *MSO* illustrates, communities and organizations are demanding more control over the research process (Lamphere 2004). In response to both the program director’s interest and the conditions put forth by *MSO*, this project was modeled in the principles of participatory action research (PAR). The PAR approach creates space for multiple perspectives in the research process, from the development of project goals to the dissemination of the knowledge produced (Minkler 2000). Participatory research models like

¹³ For further explanation on the relevance of hanging-out see Rob Rosenthal’s “Straighter from the Source: Alternative Methods of Researching Homelessness.”

that of PAR have been developed in response to critiques of the power dynamics inherent to traditional research.¹⁴

In the spring of 2016, I submitted a formal project proposal to *MSO*. Briefly, this proposal outlined research to understand how sense of community develops within *St. Mary's House* in which findings could shed light on the range of perceptions associated with community and contribute to the program goal of “crafting a place to belong.” With this proposal I was granted project permission by *MSO*'s Regional Director in May. I then submitted an adapted version to Western Washington University's Institutional Review Board (IRB) and was approved through the university to begin fieldwork in July 2016.

I transitioned from volunteer to researcher in June. I began this process in three parts. First, I sent out an email debriefing RCs, the resident's first point of contact for questions, comments, and concerns, on the research process. Second, with help from the editor of the *St. Mary's House* monthly newsletter, we constructed a project excerpt for residents to read in the July newsletter. In this excerpt, my new role as a researcher was outlined along with an invitation for residents to participate in the research processes. Third, after the July newsletter was published and circulating at *St. Mary's House*, I then approached residents with my project intent as I encountered them. While I had initially worried that my new role may jeopardize some of the relationships I established with residents as a volunteer, all RCs and residents were receptive to my new presence as a researcher.

¹⁴ For more on participatory research see Randy Stoecker's *Research Methods for Community Change: A Project-Based Approach*.

Positionality

In order to account for my relationships with former chronically homeless residents, I have incorporated a self-reflexive research approach (Luttrell, 2000, Rosaldo 1989). In the words of geographer Julia Christensen, research is essentially storytelling and the lens with which we tell our stories matter (2012). This is certainly the case in ethnographic fieldwork where the researcher's lived experiences and ideas influence the contours of the narrative. My lived experience, as opposed to those I worked with, has been shaped by white male privilege and housing security. Such distinctions undoubtedly influence the ways with which I engage with project participants and the research process in general. In this regard I have tried to account, as best as I can, for my personal history and position in the field. In addition, it is important to recognize that the chronically homeless and those living in *St. Mary's House* are the objects of knowledge. Ethnographies on the homeless that have been central to the production of knowledge about the homeless have served as a discipline-building function within the social sciences (Willse 2015 59). My specialization as a researcher and anthropologist is inextricably wed to the knowledge generated from this project.

I can trace my earliest memory of abject poverty and deprivation, and my subsequent interest in inequality, back to an experience I had with my mother. In this memory, I was struggling to peer over our family's bathtub one afternoon. I must have been playing because after surmounting the miniature white porcelain walls that usually dammed in my warm water, I discovered that the tub was enveloped by a swampy ring of grime. Startled by this juxtaposition, I ran crying to my mother. In her embrace she gently explained that sometimes people live outside and sometimes they need to take a bath, just like us. I was confused in the complexity of this simple statement and what had been imparted was startling in its

implications: how did people like us become so dirty? I later came to understand the context of this experience—my mother had invited a homeless woman and her child into our home for the day to eat and bathe.

My research interests in homelessness remains rooted in this memory. Later academic explorations into the “nature” of inequality would lead me to anthropology and this project. In some sense, my critical examinations into the origins and narratives of homelessness has galvanized me as an activist. For example, since beginning this project I have attended events organized by local housing advocates, including those organized by residents themselves and I spoke in support of a proposed low-barrier shelter that was never built. I have also become more involved with residents and staff. For example, I continue attending Community Meals and special events like that of the *St. Mary’s House’s* 2nd anniversary party, and in the summer of 2017 I attended the memorial service of a befriended resident who passed away.

Ethnographic Methods and Use of Photovoice

For this research, I employed traditional ethnographic methods of participant observation and semi-structured interviews in order to collect data on the ways in which sense of community is visible and expressed among residents and staff. In addition, I implemented photovoice as a method to identify and present the aspects of community important to participants as well as to comment on why these places and people are significant.

Participant Observation and Semi-Structured Interviews

I collected primary data through participant observation between July and October of 2016. I used participant observation as an accessible and relatively unobtrusive method for situating myself in the daily milieu of *St. Mary's House*. In my new role as a researcher I was given an electric key card by the program director which allowed me to access the building and patio whenever I wished. Over the course of this period, I spent nearly 75 hours sharing in the daily interactions of RCs and residents during different times and settings, including special events like that of the monthly Community Meal. In my first weeks as a participant observer, I spent the majority of my time at the front desk with RCs. This was helpful as I gained a working knowledge of how *MSO* staff understand and interact with residents. My first opportunities to interact with residents took place in the alleyway smoking area and during on-site activities and events. I eventually began spending time with residents in their apartments. Observation notes were usually outlined on-site, and then expanded upon in detailed field notes composed within 36 hours of the observation. Early in this process, I decided to refrain from taking notes in front of residents so as to encourage more relaxed encounters. While this decision eliminated a potential stressor during resident engagement and routine interactions, it has also removed the possibility for feedback by residents on the data produced.

To supplement my observations, I conducted ten one-on-one semi-structured interviews with *MSO* staff and residents in August and September. I began this process with a convenience sample; reaching out to staff for interviews through email and asking residents in person. Within a couple of weeks, I was able to secure interviews from five residents, two

RCs, two CMs and one with the housing services supervisor. Scheduling and conducting interviews was a straightforward process. Staff were able to schedule and meet for interviews during their shifts. If a resident missed a meeting time or was not home, I was able to leave a written reminder with the front desk and reschedule. I was also able to flexibly interview residents “in the moment” by always carrying my audio recorder with me. Recorded interviews lasted approximately 30 minutes and were held in the setting of the interviewee’s choosing. In general, residents preferred to be interviewed out on the patio whereas staff chose to be interviewed in the staff meeting room.

Interview questions were formatted to allow participants to discuss experiences of significance and for me, the researcher, to ask follow-up questions about specific details, clarifications, and examples. For participating residents, I asked eight open-ended questions that included “Why are you living at *St. Mary’s House*?” and “What would you like community at *St. Mary’s House* to be like?” For participating staff, I asked eleven open-ended questions with a few questions specifically geared toward the respondent’s role as an employee, such as, “Why are you working at *St. Mary’s House*?” and “Have you received any literature, or specific training in Housing First or in supportive housing that adheres to Housing First principles?” Sets of questions for staff and residents closely resembled one another with six questions being identical for both groups. These six questions focused primarily on perceptions and experiences of community, such as, “Give an example of a time in your life when you felt part of a community. What did that experience feel like?” and “Do you feel like you are a part of the *St. Mary’s House* community? Why?” By presenting the

same types of questions to both staff and residents, I was able to format a way in which to explore various conceptions and experiences of community.¹⁵

Photovoice

In addition to traditional ethnographic methods, I completed photovoice with seven residents during the months of August, September, and October. Photovoice is a qualitative method where participants use photography, and the stories about their photos, to identify and represent issues important to them (Wang and Burris 1997). Different from traditional ethnographic methods, photovoice has been used to democratize the knowledge-generation process because it provides multiple mediums and opportunities for project participants to express themselves, represent their points of view, and communicate their ideas and reflections (Cabassa et al. 2012). Photovoice has been most commonly used in Community Based Participatory Research (CBPR) to explore community health related issues (Cabassa et al. 2012; Catalani and Minkler 2010; Fetherman and Burke 2014; Newman 2010; Nykiforuk, Vallianatos, and Nieuwendyk 2011; Warren et al. 2016), including as a method to obtain greater understanding of the meanings residents ascribe to their communities (Kwok and Ku 2008; Nowell et al. 2006). For this project, photovoice was implemented as a tool for capturing resident perceptions and experiences of community in a way that observations and interviews cannot.

I implemented photovoice in four stages. In the first stage, I recruited and debriefed participants. In an iteration of my convenience sample used for semi-structured interview

¹⁵ To see the full semi-structured interview templates for both staff and residents please see the appendix.

participants, I invited residents to participate by approaching individuals that were receptive to me as a researcher, and by posting a photovoice sign-up sheet at the front desk. Through this process I was able to secure initial participation with nine residents. I then debriefed each participant individually, explaining the purpose and process behind photovoice, basic photographic techniques, and I provided written project guidelines for the use of photovoice. In order to maintain the anonymity of other residents, I instructed participants to refrain from taking pictures of other people's faces. Upon finishing this tutorial I gave each participant a single-use disposable camera with 27 exposures and instructions to return their finished cameras to me within two weeks. With a limited budget for research supplies, I decided to use disposable cameras in anticipation that cameras may get lost or destroyed. These concerns turned out to be unfounded. Fortunately, the easy snap-and-shoot capabilities of the disposable camera did present a user-friendly device for participants who never operated a digital camera or who were otherwise wary of technology.

For the second stage, residents took pictures of places they identify as their community, and of what community looks like at *St. Mary's House*. By checking-in on participants at their apartments I was able to collect completed cameras as they were finished. Regrettably, as a consequence of using film cameras, some pictures were unusable or did not develop as the photographer originally intended. For each camera received, I developed a single set of printed photos for residents and uploaded a digital copy for later data analysis.

The third stage of the photovoice process was composed of a recorded follow-up interview with each participant. The majority of these interviews took place in resident apartments. In these sessions, the photographer was first asked to choose his or her five

favorite photos. Resident selected pictures then formed the basis of interviews that lasted approximately 30 minutes. For each picture I asked three basic questions: 1) what is happening in this photo? 2) Why did you choose to share this photo? 3) How is community represented in this photo? I was able to complete all three steps of photovoice with seven out of nine participating residents. Of the nine, two initial participants stopped participating for personal reasons unrelated to the project, one of whom eventually exited¹⁶ into homelessness. Of the seven participants who completed this process, one participant was evicted from *St. Mary's House*.

For stage four, selected photovoice material was disseminated in two gallery showcases during the spring months of 2017. For these displays, two photos among each participant's five favorite were then paired with corresponding portions of interview dialogue. Photos and excerpts were selected to reflect participant's experience of community, some of which was decided upon with feedback from participants.¹⁷ In order to involve the wider community, the first gallery display was held on March 3rd, 2017 at a downtown gallery space during the city's monthly First Friday Art Walk event. Following this one-night event, a second gallery display was held at *St. Mary's House* to share photovoice with staff

¹⁶“Exit” is used by staff to indicate a resident's departure from *St. Mary's House*. The term is flexibly applied to describe residents who either return to homelessness or move into other supportive housing environments. *MSO* continues to work with clients who exit into homelessness.

¹⁷ I was unable to get feedback from four participants who, by this time, were no longer residing at *St. Mary's House*.

and residents. This event was held during the Community Meal on April 27th, 2017. In this case, developed photovoice material was hung for permanent display at in the community space.



Figure 1: March 3rd 2017 Art Walk Photovoice Gallery Display.

Picture taken by third party.



Figure 2: April 27th 2017 Community Meal Photovoice Showcase.

Picture taken by third party.

Data Analysis and Reporting

Hundreds of pages of transcribed data from participant observation fieldnotes, photovoice material, and semi-structured interviews was uploaded to NVivo 11, a qualitative coding software, for data coding and later analysis. Coding for this project was framed in the principles of grounded theory so as to allow for insights to emerge from the data (Corbin and Strauss 1990). Data was first organized according to general themes pertaining to community at *St. Mary's House*. For example, transcribed participant observation notes and interview excerpts pertaining to the front desk area were categorized under the general theme of "Front Desk." Second, initial themes were then reread to identify patterns, and subsequently reorganized and refined into more sophisticated sub-themes. Using the example of the front desk again, by rereading data organized under the "Front Desk," I was able to interpret the different ways the front desk area was used by staff to surveil residents, and how differing surveillance measures impacted residents sense of community.¹⁸ During this stage I was able to partially share developing themes with the program director for feedback.

From March 2015 through April 2017 I met with the program director for monthly and bimonthly project briefings. For each of these meetings I prepared a project brief for the program director outlining current project processes, preliminary findings, and emerging conceptual themes. Less formally, I would also often enlist feedback on my writings from participating staff during stages of data analysis and thesis writing. These occasions for feedback provided opportunity to reflect upon current project processes as well as to orientate data analysis and the final direction of my findings. Chosen finalized themes were

¹⁸The front desk and surveillance are discussed at length in chapters 4 and 5.

then theoretically developed and incorporated as chapters 4 and 5, and the photovoice material generated by residents served as the basis for thematic organization in chapter 6.

I returned all interview audio and transcribed interviews to staff via email. In consideration that most residents did not use the internet in the same capacity or frequency as staff, I returned hard copies of data including developed pictures, printed copies of transcribed interviews, and CDs of requested interview audio to residents. The benefit of returning audio material was twofold. First, it made the data collection process more transparent, second, residents appreciated having documentation of their participation. In at least one case, a resident had never before heard herself recorded.

In conclusion, this chapter highlighted the important steps of project development including the three interrelated components that brought this applied research to fruition. The formation of my relationship with *St. Mary's House*, the implementation of Participatory Action Research (PAR), and my adoption of a self-reflexive approach to account for my positionality within this research, could be adapted as part of a formula for applied research with organizations that serve marginalized or vulnerable populations. Additionally, the relationship developed between myself as a researcher and *St. Mary's House* could be considered for future *MSO* collaborations with Western Washington University.

Chapter 4: Programming, People, and the Organization of Community at *St. Mary's House*

In this chapter, I present *St. Mary's House* in two interrelated parts that I distinguish as the built environment and the social environment, I argue that the service arrangement between staff and residents collectively structures the parameters with which social interactions are organized and community participation is produced. Under the built environment I frame *St. Mary's House* through the building's entry process and prominent commons areas, I demonstrate how program security measures, including the guest policy, fundamentally shape access and movement within the building, and how *MSO* and resident generated activities inform place making and use of commons areas. Under the social environment, I present the salient characteristics of residents and service providers, my experiences with these respective groups, and the ways in which the service arrangement shapes resident counselor (RC) and case manager (CM) interactions with residents, I then demonstrate how surveillance and case management predominantly instruct this interface.

The Built Environment

Sometimes also referred to as project based supportive housing, *St. Mary's House* is a single-site PSH facility designed to provide security and foster participation among residents. In this chapter section, I illustrate the various ways the built environment is organized and how both staff and residents make use of commons areas.

From the outside, *St. Mary's House* looks like any other modern-day apartment complex. The facility is situated between a similarly fashioned apartment building and a parking lot. Street side access is located on the building's northwest entrance while a bar, nightclub, and distillery orientate the building's downtown location to the southeast. Young trees dot the property. Steel awnings line the street access to the building, looming over are large window panes that offer the passerby a glimpse into *Mission Services and Outreach (MSO)* and *Mission Housing and Outreach (MHO)* office space. In one of these windowed spaces there is a delicately positioned "Black Lives Matter" poster. Above these awnings, rectangular paneled walls and pairs of windows are delineated by degrees of dimension and shades of beige. *St. Mary's House* is spelled out in white letters over the front doors of the building.



Figure 3: Exterior of *St. Mary's House*.

Picture taken by *St. Mary's House* resident Sarah as part of photovoice project.

**In this chapter I utilize photovoice photos as a way of providing a visual account of St. Mary's House. In chapter 6, I present resident photovoice material in detail.*

St. Mary's House Access and the Entry Process

Restricted access into the building is a component of the service arrangement in place to provide security for residents, in which the entry process fundamentally shapes who participates in programming as well as movement within the building. In general, residents, *MSO/MHO* staff, and affiliated service providers have unrestricted access to entry; unaffiliated service providers and volunteers have less restricted access to entry, and guests

have restricted access to entry. *St. Mary's House* residents, *MSO/MHO* staff, and affiliated service providers such as *Youth Transition Services (YTS)*,¹⁹ *The Homeless Outreach Team*,²⁰ and *Veterans Affairs Supportive Housing Staff (VASH)*,²¹ can freely



Figure 4: Entrance of *St. Mary's House*.

Picture taken by *St. Mary's House* resident Sarah as part of photovoice project.

¹⁹ *YTS* is a regional service organization that works with homeless youth between the ages of 18-24.

²⁰ *The Homeless Outreach Team* is a component of the Opportunity Council's Homeless Service Center. Team members specifically canvasses the local homeless community in order to connect individuals with supportive services. *The Homeless Outreach Team* is not technically affiliated with *St. Mary's House* residents or on-site supportive services.

²¹ *VASH* program combines HUD rental assistance for homeless veterans with case management provided by the Department of Veterans Affairs (VA).

access the building with electronic keycards via a security sensor attached to a mounted intercom system located in the entrance's door well. Unaffiliated service providers such as personal caretakers, volunteers, and other non-residents who have business within the building are required to call-in to the front desk from the mounted intercom in order to gain permission to enter. Alternatively, if the unaffiliated service provider or guest knows their party's extension, they can use the intercom to directly call inside. In this case, once notified their party can then meet the service provider or guest at the door and grant him or her access inside the building. Potential guests are only allowed entry upon invitation from a resident. Both residents and staff are told to not let any non-residents or non-service providers into the building. A mounted surveillance camera is located in the door well above the front entrance and the door itself is surrounded by window panels. Both the camera and the window panels allow RCs at the front desk to see those petitioning to enter the building. Everyone who regularly enters the building must first pass a background check.²²

The front desk is located adjacent to the entrance and operates as a centralized point of surveillance from which *MSO* RCs are able to greet and monitor all who enter. On first glance, the front desk is an enclosed rectangular area that has an open feel to it. There are two countertops which allow RCs to interact with those entering the building, as well as windows revealing the street and a portion of the office space located directly behind the front desk. All *MSO* and *MHO* staff offices line the northwest side of first floor, beginning directly

²² *MSO/MHO* employees, residents, and volunteers must pass an unofficial background check. This vetting process basically consists of an internet search of the person in question. In this process the individual's full name and city of residence are searched through the local sheriff's office website database, in which individuals are screened for, a) being a registered sex offender, and b) previous violent criminal or arson-related convictions. As explained to by the program director, this process serves as a mechanism for protecting residents.

behind the front desk. Both *MSO* and *MHO* have offices at *St. Mary's House* and work closely together.²³

Inside the front desk area there is a couch, cabinets along the back wall decorated by resident and RC artwork, corkboard with saved post-it notes from residents as well as informational literature such as “Why Trans People Need More Visibility.” There are also two desk top computers positioned toward the main open countertop, each computer with its own leather padded swivel chair. Directly across from the front desk are the stairs and elevator used to access resident apartments. The front desk’s location, situated adjacent to the front entrance and across from the stairs and elevator, serves as the principle point of interface between residents and staff. Also across from the front desk is a large cork bulletin board filled with colorful flyers notifying residents of various services, opportunities, and resources. For example, one flyer described opportunities for free legal counsel, while another advertised upcoming dates for a volunteer-led creative writing workshop.

Once inside, vetted volunteers and unaffiliated service providers must sign-in before moving within the building. Movement among these individuals is generally directed by a particular objective or task. For example, a volunteer may be delivering boxes of food from the local food bank to the first floor community space whereas a caregiver may be picking up their client to run an errand. Conversely, residents and *MSO/MHO* staff are able to freely move within their respected domains. In general, *MSO/MHO* staff and affiliated service providers navigate spaces within the building as determined by job duties and responsibilities; whereas residents are free to move within designated commons areas which

²³ I was unable to secure interviews with any on-site *MHO* staff, nor did I significantly interact with *MHO* staff during the course of my fieldwork.

include the first floor community space, the alleyway, second floor patio, and resident apartments. For example, the program director can visit with a resident in the community space before that resident returns to their apartment, but the program director would not enter that resident's apartment uninvited, nor would the resident enter the program director's office space without permission from the program director or other staff.

The *St. Mary's House* guest policy structures the parameters for interactions between residents and their guest. A potential guest must check-in and fill out a guest request form in order to be put on the guest list. A 24-business-hour approval period is required for processing guest requests. RCs process most guest requests. On occasion, an RC will consult with the program director or a CM if the RC has concerns about the potential guest's relationship with a resident. Individuals who are not on a resident's approved guest list will not be allowed inside the building. Once a guest has been vetted and added to the guest list, they are asked to sign in and out of the building thereafter from a guest sign-in sheet stationed at the front desk countertop. Residents are instructed that they must remain with their guests at all times (daytime guest visiting hours are from 8am–10pm). Residents are not allowed to have more than two guests in their apartment at a time, and all guests must be signed in by 10pm the night of their stay. Of particular note, during my field research all residents were only allowed a maximum of three overnight guest visits per month, not to exceed 30 overnight guest visits within a 12-month period.

Commons Areas and the Use of Space

Commons areas throughout the building are utilized through staff and resident generated activities. The most prominent commons area is the first floor's "community

space.” Similar to the majority of commons areas both in and around the building, the community space is available to residents 24 hours a day seven days a week, and can be monitored by RCs from strategically placed surveillance cameras. The principle areas of the community space can be characterized as a T.V. area and a kitchen area. On the northeast side of the community space the T.V. area is comprised of a mounted flat screen T.V. equipped with basic cable, a DVD player, and a small wooden dresser filled with magazines. Facing the T.V. is a coffee table and two vintage couches with the fabric seat cushions wrapped in plastic wrap.²⁴ In the opposite south corner of the community space, there is a kitchen area which has a refrigerator, dishwasher, oven with an electronic stovetop, a microwave, cupboards containing the various utensils required for cooking and plating food, and a coffee station. There is also a wooden kitchen table with various chairs in the periphery of the kitchen area. In addition to these two prominent areas, there is a piano positioned in the center of the community space, two computers located along the southeast wall, and scattered bookshelves. The walls are decorated by staff with an eclectic mix of old paintings and posters, plastic plants, seasonal décor and resident artwork. The décor, furniture, and entertainment items of the community space periodically change based upon the availability of donated items and in-house initiatives. This space itself, including access to the T.V., computers and kitchen, as well as the events held within the community space, such as the Community Meal, Wellness Luncheons, and holiday celebrations and other staff generated activities, are optional services written into the *St. Mary’s House* Supportive Housing Services Agreement.

²⁴ The plastic wrap is in place so as to prevent this furniture from being soiled by residents.

In my observations during the summer and fall months of 2016, a handful of residents utilized this space for hanging-out. A few of whom incorporated hanging-out in the community space as part of their daily routine for the amenities offered. For example, the T.V. area became an important fixture for Jean, a streetwise resident in her mid-50s, after her T.V. broke in her room. During the summer months I frequently found Jean watching “Wheel of Fortune,” and “Jeopardy.” For Jean, who used to race cars and once owned an auto body shop in California, participatory game shows are an educational way to pass the time and something that she has been unable to do during her last 12 years in homelessness.

Staff used the community space to host reoccurring activities such monthly Community Meals and Wellness Luncheons. Both activities are voluntary and promoted resident participation by offering free meals. Briefly, the Community Meal is a reoccurring lunch time event held every last Thursday of the month from 1–2:00pm. Hosted by the program director, on duty RCs, and on occasion, a volunteer chief, the Community Meal functions as a way for staff to serve residents food and in turn, share in a meal together. During my fieldwork, Community Meals typically drew a dozen or so residents during the allotted hour meal times. Similar to that of the Community Meal, Wellness Luncheons were held monthly and also hosted by staff. This event was organized around a health topic and thus more structured than that of Community Meals. I attended one talk in July on brain chemistry with a focus on addiction and recovery, and another in September on brain neurology with a focus on trauma. In both luncheons the concept of wellness was addressed within a medicalized lexicon. During the first luncheon the brain was discussed as something that can be treated, and the speaker shared with the small gathering that the problems

associated with addiction and recovery lay within the individual. After five luncheons this event was suspended due to low turn-out by residents.

In addition to these reoccurring activities, RCs utilized the community space to develop in-house programming such as cooking, art projects, and movie nights. In my observations these activities were usually developed from shared interests of both RCs and residents, formulated within available resources, and drew few participants. For example, a young RC named Isabella who was interning at *St. Mary's House* as part of her undergraduate degree in Human Services, transformed her affinity for cooking into a regularly scheduled Thursday activity entitled "Cooking with Isabela." I was often amazed to see how Isabella was able to creatively pull together snack and meal plans—including on one occasion fried zucchini burgers made from donated food items available in the community kitchen. While Isabela's cooking was widely appreciated and quickly eaten by staff and residents alike, this activity only drew momentary participation from residents. In my experience holiday parties, such as the annual Halloween party put on by RCs, were bigger productions that inevitably drew larger crowds.

A favored hangout among residents is the smoking awning area located in the back alley next to the building's trash and recycling dumpsters. The structure itself is composed of metal and wood scaffolding, and stands along a neighboring affordable housing complex (also owned and operated by *MHO*), across from the *St. Mary's House* indoor parking garage. The inside of the awning usually contained a few metal folding chairs and an old coffee tin for cigarette butts. Above the parking garage, residents' windows that open into the alleyway can see the awning from their rooms. Access to the parking garage is only available for *St. Mary's House* staff and *MSO/MHO* employees who work in the neighboring building.

As opposed to the rest of the commons areas in *St. Mary's House*, the smoking awning is a resident generated community space. In my experience, I found that nearly all residents at *St. Mary's House* smoked, if only opportunistically, and most chose to smoke in the alleyway over the second floor patio or the street. The popularity of this area was in part due to the resource it represented for other smokers. Rebecca, a witty 50-year-old disabled resident with

bright pink hair,

once described

this area as the

“community

emergency

tobacco resource

system” because

she was often

able to scrounge

up enough

tobacco from cigarette butts left in the coffee tin to roll her own cigarettes. In addition to

being a place for residents to sit and smoke or reuse tobacco/cigarettes, this area was a place

where residents relaxed, often sharing in the daily gossip, or stories about their lives before

coming to *St. Mary's House*. As a volunteer and researcher I spent lots of time initially

getting to know residents under this awning. The awning itself evolved over this time; new

side walls were built with shelves that allowed for residents to decorate the space. I found

that some residents enjoyed feeding pigeons either by throwing bread crumbs from the



Figure 5: Smoking Awning.

Picture taken by *St. Mary's House* resident Thomas as part of photovoice project.

awning or their apartment window sills. Over time however, the accumulation of littered food scraps led staff to discourage this practice.



Figure 6: Neighbors.

Picture taken by *St. Mary's House* resident Lois as part of photovoice project.

All 42 residents live in single occupancy apartments located on the second, third, and fourth floors. Generally speaking, apartment spaces are for residents to decorate and furnish as they wish. I do not specifically elaborate on resident apartment as the majority of my fieldwork took place in the community

spaces. Each floor has fourteen, single-occupancy apartment units, ten studio apartments and four one bedroom apartments. The third and fourth floors house six vets and 26 *MSO* clients. Each of these floors has a windowed seating area adjacent to the elevator overlooking the street with couches, a table, and a bookshelf stocked with donated books. In addition, the third and fourth floor has a laundry area located across from the stairwell and elevator entrance to the floor. The laundry rooms are comprised of coin operated washing machines and dryers. The second floor houses 10 *YTS* clients and the remained are *MSO* clients.²⁵ On the east corner of the second floor lies a converted office space for Homeless Outreach where

²⁵ As part of *YTS* programming, *YTS* clientele are housed for up to 18 months at *St. Mary's House*.

a sunroom would otherwise be located. There is also an outdoor patio available to residents which can only be accessed by the same key cards required for entry into the building.

The patio area is another principle community space that is open for daily resident-use between the hours of 8:00am–2:00am. The patio is enclosed on two sides by the third and fourth floors of the building. South facing resident apartment windows overlook the patio space and the remaining sides of the patio are enclosed by a short white fence. The central feature of this area is a raised flower bed positioned squarely in the middle of the patio. Enclosed by wooded benches, this decorative placement brims with a variety of greens. In the summer snapdragons, orchids, and other flowers come into bloom. In between this feature and the patio entrance is a plastic and metal picnic bench. Along the south and southeast edges of the patio lies five metal tubs used as raised planter beds. Collectively, these raised beds compose the *St. Mary's House* Community Garden. In the summer of 2016 the Community Garden produced a wide array of vegetables including tomatoes, green onions, mint and basil. Interspersed among all the edges of the patio are various potted plants and a few bird feeders along the short wooded fence overlooking the street below. On the south corner of the patio, there is an ashtray-stand with plastic patio chairs that serves as a designated smoking area. From this corner one can hear the chatter of bar patrons next door.



Figure 7: Patio.

Picture taken by *St. Mary's House* resident Rebecca as part of photovoice project.

Despite the area's aesthetics, residents rarely used the patio outside of attending staff sponsored events. 23-year-old *YTS* client Kayla explained that while she thought the patio is a beautiful space, she herself never spends time there because other residents can look down on her from their apartments, which "freaks" her out. Victoria, a 38-year-old resident and devout Christian, expressed similar sentiments that the patio is nice to look at from her apartment window but not a place where she feels comfortable to spend time, "I don't really hang at hangouts on the patio." When I asked around among staff as to why the patio area was infrequently used by residents Dave, a 30-year old RC with 4 years' experience working in supportive housing, offered a response typical of others: "I think people are just into doing their own thing." I did not spend much time on the patio except

when it proved a useful setting for conducting interviews or attending staff sponsored activities.

Like that of the community space, staff used the patio to host the reoccurring Community Council. Unlike the Community Meal which served as a means for staff and residents to share a meal, or the Wellness Luncheons which functioned more like a seminar, the Community Council Meetings presented a forum for residents to “set the agenda,” address grievances, suggest changes, and comment on *St. Mary’s House* rules, programming, and policies. During the summer and fall these meetings were held in the evenings once a month. Feedback from residents at council meetings during this time played a significant role in subsequent policy changes including revisions to the patio hours, the overnight guest check-in time, as well as the requirement that guests must have a state ID to enter the building. In an important change as it relates to *St. Mary’s House* access and participation, the guest policy was revised to allow for a maximum of three overnight guests a week in November of 2016. This was a considerable achievement for residents who felt unsatisfied with the previous arrangement that only allowed for a maximum of three overnight guests a month. Despite these resident driven policy changes, the Community Council continued to draw low attendance from residents and was also eventually suspended in late fall of 2017.

As mentioned earlier, the patio also hosted a Community Garden for residents during the summer months. This staff sponsored activity was initially intended to become a resident-run project in which participants would plant, water, and eventually harvest various vegetables. Initially this project did generate interest and participation from residents, but over the course of the summer resident participation became more sporadic. Eventually the daily chores of garden upkeep, like that of watering the plants, became the responsibility of

RCs. During my fieldwork the *St. Mary's House* 1st Year Anniversary Party drew the most staff and resident participation. By my count, nearly half of all residents stopped by the patio for the afternoon staff-sponsored barbeque celebration.

The Social Environment

According to tenets from the program philosophy, *St. Mary's House* is a service enriched environment focused on human relationships based on rapport and trust, an awareness of cultural and social diversity, and crafting a sense of community. In this chapter section, I situate *MSO* staff in relation to the residents they serve. I then examine the specific roles of RCs and CMs and the ways each respective group interacts with residents.

Residents

The majority of the residents I spent time with were men and women in their mid-40's to mid-50's or older and came to *St. Mary's House* from a diverse array of lived-experiences. Over the course of this research I had more frequent interactions (at least once a week) with fifteen residents and less frequent interactions (at least once every couple of weeks) with an additional nine residents. The residents that I most frequently interacted with later became photovoice or semi-structured interview participants. Of the twelve residents I eventually interviewed most were women. Nine interviewees had previous experience in different types of supportive housing ranging from low-income housing, clean and sober housing, battered women's shelters and halfway housing. Most had been previously incarcerated for sentences that ranged from days in county jail to years in prison. Eight residents had previous experiences with drug and alcohol rehabilitation programs. For James,

a 56-year-old artist, his nearly two decades out on the streets had made him a habitual offender of the city's anti-homeless ordinances. Between what mostly constituted misdemeanor trespassing and public intoxication convictions, James has been to 21 court-ordered 90-day treatment programs and incarcerated on 189 different occasions. Despite frequently cycling in and out of controlled settings as demanded by the local, state, or federal government, not one resident is a registered sex offender, convicted arsonist, or has a violent criminal history.²⁶ All residents have been prioritized to housing through the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT), and as such the majority of those I interacted with have lived experiences predominantly characterized by episodes of chronic homelessness and personal histories inscribed by trauma. Here Susan, a 49-year-old friendly and outgoing resident, discusses one such trauma particular to homeless youth—sexual exploitation for shelter:

... we've had so many people tax us with that stuff. Call it taxation when they offer to bring you home and let you have a warm, dry place, and a nice hot shower and a hot meal, and then they turn around and take somethin' of you afterwards. That's tax. There's so many out there that claim to give and never do. They're more takers than anything. Those are people that are in homes that aren't on the street. It's sad what a lot of people—not just girls go through it. Guys, too. It just tears my heart up when I hear a boy tell me that. What a guy did to him and stuff. That just really tears my heart up. There's a lot of that in this town. A lot. More in this town than any other town I've ever been on the streets at.

In addition, many residents professed to have a variety of syndemic and chronic ailments including substance abuse. It is within these circumstances that *MSO* supportive services operates as a critical intervention to address and manage the needs of residents.

²⁶ Like that of staff and volunteers, residents also had to pass a basic background check before moving in.

While those that I interacted with were unemployed, all residents are eligible for benefits. Many *MSO* residents pay rent from Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). As Enrique, an elderly disabled Mexican man in his late sixties, once explained to me in his broken English, “Everyone here is on disability.” Some of the older residents I interacted with considered the process of collecting benefits as a type of work. Martin for example, a clever 70-year-old resident with a penchant for storytelling, once explained to me while we sat under the awning one morning of his recent two-hour “hike” to the Social Security Office. According to Martin this hike was necessary to receive his benefits, “I’ve done my work for the day.” Martin then went on to regale me with his bus ride back to *St. Mary’s House*, chuckling as he recounted how he hopped-on and “lied like a rug” to avoid paying the one-dollar bus fare. Joking aside, through Martin’s account I realized that he did not view his long hike as an inconvenient errand, but as actual work which merited the compensation he received. In addition, some residents supplement their income from skills they learned in homelessness like “flying a sign” (panhandling). Such is the case for Diana, a 56-year-old soft-spoken woman struggling with heroin addiction. Without a local methadone clinic where she could otherwise receive treatment, Diana relies on income she receives from flying a sign to avoid dopesickness.

MSO Staff

All RCs and CMs are employed by *MSO* as service providers and as such these individuals are expected to maintain professional boundaries with residents. Most RCs and CMs I interacted with were under 30, had degrees in Human Services, and received ongoing training in PSH through *MSO*. Only the housing program supervisor and one other RC had

more than a year of experience working in supportive housing outside of *St. Mary's House*. A few RCs and CMs I interacted with expressed the potential for growth within an organization that aligns with their values as reason for employment. Lily, as 26-year-old CM with a bachelor's degree in human services, reflected this sentiment in our interview, "I'm still lucky, that [my] community is now here with my co-workers. Whereas in the rest of the world, people might not understand my views, or my social justice nature." Perhaps unsurprisingly, CMs and RCs lack any direct experience of homelessness themselves. With the exception of the 35-year old housing program supervisor and lead CM Sofia briefly being homeless as a teenager,²⁷ no CM or RC that participated in this research had ever experienced homelessness.

Based on the understanding that many clients have experienced extreme trauma in their lives, the work of service providers at *St. Mary's House* is guided by a trauma-informed philosophy. This trauma-informed approach to services is centered upon a few key components that include incorporating trauma awareness into staff training as well as creating opportunities for residents to rebuild a sense of control and empowerment in their lives (Hopper, Bassuk, and Olivet 2010). During my fieldwork I found that surveillance is comprehensively built into the service arrangement in order to provide trauma-informed care.

Resident Counselors (RCs)

By their position at the front desk, RCs serve as the most frequent interface between staff and residents. At least one RC is available at the front desk 24 hours a day, seven days a week. During my fieldwork there were seven RCs on staff. Due to their ever-present

²⁷ Sofia, the housing program supervisor and lead CM left the program in March of 2017.

availability, RCs serve as the first point of contact for intervening in medical emergencies, resident conflicts as they are presented, and other on-site or resident related crises. The primary responsibilities of RCs are to provide supportive services and security for residents. To be sure, support and security are objectives fundamentally enmeshed in all PSH programming, and *MSO/MHO* prioritizes security as important for resident well-being and a cornerstone for achieving housing stability. I make the distinction between support and security to illustrate the ways in which surveillance devices, and the various tools used to monitor individuals, are used in pursuit of both objectives.

From the front desk, RCs manage the door to the front entrance and monitor individuals from 32 cameras located in and around the building. After regular business hours, RCs are required to make rounds every couple hours through the commons areas of the building and around the building's perimeter. The purpose of going on rounds is for staff to maintain a presence in the building after hours and to look for anything which does not belong, or for damage to the building. In my experience, RCs consider rounds as a way of



Figure 8: Front Desk.

Picture taken by *St. Mary's House* resident Samantha as part of photovoice project.

breaking up the quiet monotony of overnight shifts rather than as an opportunity to enforce *St. Mary's House* rules and policies.



Figure 9: Mounted Camera.

Picture taken by *St. Mary's House* resident Samantha as part of photovoice project.

In addition, RCs also monitor residents through more covert methods. For example, RCs are instructed to “track” residents they may see throughout a shift. RCs do this by marking the initials of the resident they see next to their name on a list of resident names located behind the front desk. Tracking residents, like that of other surveillance measures, is undertaken

by staff in the interest of ensuring resident safety. Here Kade, a 23-year-old RC with previous experience working at *YTS*, concisely explains the logic behind tracking, “For instance, if nobody has seen a particular resident in four days, we want to do a welfare check to make sure they are okay. We don’t know whether nobody has seen a particular person for four days unless we keep a tracker.” RCs also use two different ongoing logs to keep track of residents: the “RC log” and the “daily log.” Beginning with the former, the RC log is primarily used for RCs to communicate with one another for the purpose of providing consistent and integrated support to residents. For example, if one RC has an encounter with an irate resident, that RC can communicate this resident’s emotional state in the RC log to inform incoming RCs of the “situation.” The daily log is a confidential record comprised of

notes taken by RCs. Typical log notes include observations on a residents' physical or mental health, drug-use, and other things that could affect housing stability, including lease violations. Notably, the daily log is used by RCs to communicate information about residents to *MSO* CMs, *MHO* (the landlord), and other service providers.

RC duties and responsibilities also include community building activities and providing outreach and engagement to residents. As mentioned in the previous section, all RCs are specifically encouraged to develop in-house programming. In conversations with residents and RCs, I found that RC-chaperoned field trips, like that of an outing to the petting zoo or a recent kayaking trip, elicited the most positive feedback from attendees. In addition to this, RCs also perform an array of secretarial tasks such as fielding phone calls, checking DVD's in and out to residents, and delivering notes and other forms of correspondence to residents. The front desk space area also offers an unstructured opportunity for residents to hang out with RCs. In this way, RCs also provide subtler forms of support such as companionship and informal counseling to residents. RCs readily acknowledge this as an enjoyable aspect of the job as RC Dave comments, "I feel like I have a lot more interaction with people. I feel like some of the stuff I'm doing is a little more personal, just get to talk. It's not just pure paper work and things like that." Like that of other residents, most of my time with *MSO* staff was spent standing at the front desk hanging-out with RCs. Over the course of my fieldwork I had weekly interactions with seven of eight RCs (including RC intern Isabela). These individuals provided excellent perspective on the program, residents, and for piecing together the working parts of *St. Mary's House*.

Case Managers (CMs)

During my fieldwork there were five *MSO* CMs that worked on-site, with additional case management for *St. Mary's House* VASH clients provided by VASH CMs, and case management for *YTS* clients provided by *YTS* CMs. Each *MSO* CM manages about 18 to 21 clients in which *St. Mary's House* residents compose about a third of any single CM's caseload (about 6-8 clients each). Within this small network it is common for CMs to share their caseload and collaborate with one another. This practice is used to prevent exhaustion or CM "burnout" as well as to utilize a broader network of resources for more difficult clients. Like that of RCs, CMs also share information with other service providers. In particular, CMs communicate often with *MHO* to discuss their client's housing and likewise, if issues arise from the standpoint of the landlord, CMs are notified by *MHO*.

CMs at *St. Mary's House* are guided by the *MSO* ethos of "walking beside the client," in which the primary job for any CM is to support their clients in maintaining stable housing as well as developing goal-oriented service plans. With this in mind, the types of tasks CMs perform depend largely on their client's goals. Where one client's goal may be to maintain their health, another may be interested in organizing their finances. In any event, the CM's role is assuredly extensive. For example, if a client's goal is to attend to existing medical issues, this may require their CM to schedule a doctor's appointment on behalf of their client, provide transportation for the appointment, and even sit in during the examination in order to provide moral support or help translate technical medical language to their client.

All residents are required to meet with an assigned CM in order to be housed at *St. Mary's House*. In general, a new client or a new referral begins by meeting with their CM

weekly. In these initial meetings a CM will assess their client's stability and formulate goals based on the identified needs. The frequency of meetings between CM and client can be thought of in terms of a continuum, in which the CM's assessment of the urgency or severity of their client's situation, or relatedly, the level of support a client may need, fundamentally determine the rate of scheduled interaction. For example, a client's power getting shut-off would warrant frequent meetings over a short period of time in order to more immediately resolve the problem, whereas a CM may need to meet with a client twice weekly if this client is facing acute housing challenges related to persistent substance abuse. On the other end of the continuum, a CM may only check-in with a client once a month. Here Sophia, lead CM and Housing Program Supervisor, explains:

In some cases—in the more complex case, you meet with them twice a week. Then as they go through their crisis period and start getting into the stabilization period, it will go from once weekly to what we call bi-monthly, so twice a month and then eventually into monthly. That looks different, I would say, for each person.

CM meetings with residents are typically scheduled to last an hour but this depends on a few factors including the subject of the meeting, the circumstances for the meeting, or the amount of paperwork involved. In my observations, the proximity of resident apartments to CM offices meant that CMs and their clientele informally interact on an almost daily basis. I had limited direct interactions with *MSO* CMs though I did learn to appreciate the responsibility of CMs over the course of my fieldwork. These individuals work tirelessly on behalf of their clients as failure to retain housing at *St. Mary's House* more often than not means exiting into homelessness.

Generally speaking, *St. Mary's House* program rules and policies prioritize the collective safety of all residents over the particular circumstances of an individual. While there are certain zero-tolerance rules, like sexual assault or smoking meth indoors that will

get a resident immediately exited, more common *MSO/MHO* interventions happen through the use of *10-day Notice to Comply or Vacate* posted notices. *MSO/MHO* essentially issues notices to residents as a tool to direct resident behavior. For example, if an RC noticed a resident playing loud music late one night, which stands in violation of the building's quiet hours (no loud music after 10pm), the RC may or may not attempt to intervene by confronting the resident. Either way, if the RC records the violation in the daily log, the building's landlord (*MHO*) would then be able to act by issuing a 10-day notice. This notice would essentially inform the resident of which particular section on their lease they violated, and the time and date with which the violation occurred, and conclude with, "Just one serious event may result in a 3-day nuisance eviction notice." As the language of this notice suggests, multiple or repeated lease violations could ultimately result in eviction. Residents are not evicted for one specific incident but rather for a multitude of reasons, and only after multiple attempts at intervention by their CM. As will be explored in more detail in chapter 5, not all residents are suited to the housing rules and policies required by *St. Mary's House*. Since the program's inception through the spring of 2017, *St. Mary's House* had a resident retention rate of 78%. Six former residents have exited into homelessness. Despite these exits into homelessness, *MSO* continues to work with former residents, providing ongoing case management as well as trying to find these individuals new housing opportunities.

The presence and command of CMs in the lives of those they serve inspires both praise and complaints by residents. For example, in one interview Charles, a 62-year-old resident, expressed worry over a missed appointment with his CM, "She was supposed to come today. It bummed me out cuz she was supposed to come today at 1:00, she wasn't here. I couldn't—they couldn't call her. Tried to call her, and—I don't know. I just hope she's okay.

I'm okay.” And then moments later Charles clarified any perceived dependence or a need for a CM, “I don't need a caseworker. There's people here that need people to help them. I'm still capable of taking care of my own shit.” During my fieldwork, I found that the complicated feelings that resonate with residents like Charles and others can be contextualized with the required interactions residents must have with their CM.

In line with the consumer choice philosophy of the Housing First approach, *St. Mary's House* does not technically require residents to be in mental health treatment. However, residents sometimes felt anxiety and pressure to agree to the terms put forth by their CMs when the “choice” is complying with treatment or losing their housing. Such was the case for Jean. While watching “Wheel of Fortune” with Jean one afternoon I asked her if she would be willing to participate in an interview later that week. At the time I had felt confident that Jean would accept my invitation as we had already hung out on a number of occasions and she had always proven to be friendly and receptive of my impromptu visits. When I posed the question however, Jean declined. She explained to me that she was simply “too busy going to treatment and attending meetings.” According to Jean, between her treatment program and keeping weekly meetings with her CM, she had little free time to relax. This schedule was stressful for Jean who confided that she was worried that non-compliance would jeopardize her housing. While disappointed to be rejected, I found her response revealing. For residents like Jean, the participatory language of *MSO* (“walking beside the client”) does not mask the fundamental relationship of power between residents and their CMs.

To conclude, through my organizational analysis of the built environment and social environment of *St. Mary's House*, I demonstrate that the service arrangement between staff

and residents collectively structures the parameters with which social interactions are organized, and community participation is produced. Beginning with the built environment, I examined the building's entry process to demonstrate how program security measures, including the guest policy, fundamentally shape access and movement within the building. My analysis of the commons areas could be useful for staff to understand how these places are utilized, as well as how the alleyway serves as an important resident generated hangout. In my analysis of the social environment, I frame the interface between RCs, CMs, and residents through surveillance techniques and case management, this analysis is necessarily important for situating the structural challenges of community building at *St. Mary's House*, the subject of the following chapter.

Chapter 5: “Crafting a Place to Belong:” Dimensions of Experience and Structural Challenges of Community Building

In this chapter, I use participant observation and interview data to examine the dimensions of experiences at *St. Mary’s House* and critique the structural components of programming by questions put-forth by the program director. That is, I explore the tensions that impact residents, and offer insights into what program components work for residents from those that do not—what are the causes of distrust or mistrust, and how are program processes transparent and how are they not? These tensions between the vision of programming and the practice are what anthropologist Rae Bridgman has termed “utopian pragmatics” (1998). I structure my analysis through four related aspects that I distinguish as: (1) surveillance, (2) resident proximity to one another, (3) resident exits, and (4) the service provider/recipient paradigm. Throughout this analysis, I employ each of Diane Reay’s four-related aspect approach to Bourdieu’s habitus in order to orient various experiences of community within the milieu of *St. Mary’s House* and the personal histories of participants. I argue that the majority of these structural challenges stem from the power dynamic of the current service arrangement.

Surveillance

As discussed in the previous chapter, surveillance is a comprehensive component of the service arrangement at *St. Mary’s House*. In this section, I examine the ways in which surveillance informs residents’ sense of community. My analysis aligns with previous research (Monahan 2006; Parsell 2016) in demonstrating that surveillance is either positively attributed to residents’ sense of community when viewed as a mechanism for protection from

the streets, or seen as a paternalistic constraint when surveillance is used to limit residents' ability to act independently.

Surveillance as Security

As a participant observer, I found that residents appreciated surveillance measures that contributed to their perceptions of safety. Despite being housed, residents still live under significant hardships that contribute to their continued vulnerability. Mental health problems, addiction illnesses, severe poverty, and previous lives spent out on the area's streets are just some of the baggage that residents carry with them as they leave the building every day. Under these circumstances, restricted access into the building and the continually staffed front desk area function as protective barriers to the violence and exploitation that remains an unfortunate part of many residents' lives. For example, on one occasion I introduced myself to a new resident named Donald who happened to have a freshly bandaged hand. When I inquired as to the story behind the injury he pointedly relayed that he had been attacked by two "meth heads" after getting off the bus the previous day. On another occasion, while chatting with RC Dave at the front desk, Jean buzzed in through the front door. Looking drunk and disheveled, Jean slouched against the wall opposite of the desk and relayed that she had been beaten up on two different occasions that day. Now back in the building she was understandably relieved, telling both Dave and me how grateful she was to finally feel safe.

For residents like Steve and James, the front desk and 24/7 staff presence are an important part of reclaiming a sense of personal stability. In our semi-structured interview Steve, a 44-year-old resident who described taking drugs as a "trigger," attributed the front

desk to helping him from falling back into drug use. In his words, the front desk “keeps most of the troublemakers away.” As first mentioned in chapter 4, James’ life has been very much shaped by periods of incarceration. In our interview he tells me, “I was born with a paintbrush in one hand and a beer in the other. I do both well. Except for the beer. That’s what lands me in jail all the time, or most of the time.” For James, the front desk and 24/7 RC presence are security measures for reclaiming personal space. “I’m confident. I’m confident here knowing there’s a desk person all the time. Nobody from the outside can come in my security, like unannounced visitors. Call me up or somethin’, ring my bell, or call me on my phone. Just knowin’ somebody’s there and—although it’s like—oh man.” When I first interviewed James he had not yet begun painting again; now his artwork fills the walls of the community space. Drawing upon Bourdieu’s theory of habitus, an individual’s habitus is largely informed by one’s surrounding environment, in which changes to this environment allow for transformations in the individual (Reay 2004, 433). Becoming housed after years spent out on the streets in many ways epitomizes one’s ability for positive transformation. For example, secured housing has helped Steve from getting high every night while providing James the space to become the artist he has always known himself to be. However, while a new environment allows for a period of individual transformation, such new environments also come with their own sets of rules, norms, and other conditions that also serve to constrain the choices one is allowed to make. The extensive use of surveillance at *St. Mary’s House* certainly works in part to encourage certain behaviors as well as to dictate the ways in which community is allowed to be experienced.

Surveillance as Scrutiny

As opposed to measures overtly used to protect residents from the potential of external threats, surveillance directed to monitor residents, such as apartment inspections and the resident guest policy, serve to undermine resident experiences of privacy, sense of ownership, and autonomy.

Apartment Inspections

As the program director explained to me, apartment inspections are requirements put forth by the many funding sources that *St. Mary's House* depends on to operate. Briefly, each year residents are expected to comply with a minimum of eight potential apartment inspections: six of which are either mandatory or randomly sampled apartment inspections, and another two bedbug apartment inspections.²⁸ In addition to these, there are specific circumstances that may require residents to undergo additional inspections. With virtually no say in the matter residents like Sarah, a 44-year-old resident and regular of Community Council Meetings, are forced to accept apartment inspections as an all too frequent staple of life at *St. Mary's House*. In our interview Sarah explained, "Yeah, almost from the very beginning, a couple weeks into the beginning. There's been so many people in and outta here, it's not funny. I've had 1, 2, 3, 4, 6, 7, 8, maybe 10 or 12 inspections in a year." Perhaps unsurprisingly, Sarah views this aspect of housing as an affront to her privacy, "They have no business being in here. It's my apartment." For Samantha, a 46-year-old resident and

²⁸ Residents are also not allowed to bring used furniture into their apartment without first having said furniture inspected for bedbugs.

homeless rights activist, the sheer number and frequency of apartment inspections demonstrate the lack of control residents have over their housing:

Yeah, it's like you gotta please this bank, and you gotta please this church, and you gotta please these people, and it's like—that doesn't really like, make it community or/and peer driven. It's not community driven, and there's no—you're not giving people like ownership in their value system of how they're gonna live their lives.

This lack of control is exemplified in the case of Susan. Like many other residents who rely on Section 8 vouchers to cover rent at *St. Mary's House*, Susan's apartment is subjected to housing inspections from the local Housing Authority. For Susan, dumpster diving was a tool she developed in her 10 years of homelessness, and it has remained a steady source of income that has allowed her to generate a small income by selling found scrap metal to the nearby recycling centers and other trinkets to area pawnshops. "It's always been there for me," she told me in our interview. Different from her former life out on the streets however, Susan now utilizes her apartment as storage for her dumpster diving finds. Treating her apartment as a cache presented an ongoing challenge with the Housing Authority. In the opinion of the housing inspector, Susan's accumulating dumpster dives were clutter and constituted a fire hazard. During the course of my field work Susan failed multiple housing inspections. The program director and other RCs characterized Susan's inability to part with her possessions as a disorder known as hoarding. The pathologization of Susan's behavior served as a way for staff to pinpoint the mechanisms of individual disorder, which was in turn invoked to explain her housing instability. Hoarding, as a disability, did not translate into substantive argument for the Housing Authority however. Unable to pass her housing inspections, Susan eventually lost her Section 8 rental subsidy. In what can be described as a herculean effort, the program director, the housing program supervisor, and Susan's CM actually ended up cleaning out Susan's apartment on her behalf by promising to

keep her most valued possessions safe. Through this last ditch effort and the advocacy put forth by the program director herself, Susan was granted an appeal and was then able to pass inspection by the Housing Authority. While Susan was able to remain housed after this intervention, it is worth noting that when she returned to her apartment Susan was frustrated by the disposal of valuables that she had been relying on to cover her bills. For Susan, her inability to live in her apartment on her own terms is a very clear demonstration that she cannot feel secure in what is supposed to be her apartment. As a former business owner and grandmother, Susan says she has never lived under such scrutiny before. Susan's housing stability remains dependent upon her ability to pass future housing inspections.

Guest Policy

In addition to frequent apartment inspections that undermine residents' perceptions of control over their living space, the guest policy constrains the ways in which residents are able to achieve community on their own terms. Over the course of my fieldwork, the number of guests a resident was allowed within the building, and the guest overnight policy—which specified residents were only allowed three overnight guest visits per month—became the subject of complaints by residents who viewed these measures as antithetical to community. Here, Sarah does not mince words to describe her frustration over the number of outside guests the guest policy allows:

The guest policy, yeah, the guest policy. I don't even wanna talk about it 'cuz I don't live under my mother's rules and my mother's roof, but I do live under her rules living here. It's bullshit. I'm only allowed to have two adult friends at a time. If I wanna have a birthday party for myself and have only two people come, I can only have two people come because I can't have any more than that...

What if I go to your house and say, 'Okay, well, you can only have two people. You can only have two adult friends here at a time. The rest of you, you need to fuckin'

leave. I'm sorry. The rest of your friends can't stay. Are you having a big party for yourself? You invited your whole family? I'm sorry. They all have to go. You can only have two people?

In addition to being viewed as paternalistic, the number of overnight guest visits a resident was allowed to have presented itself as a real hardship for some. In my interview with Diana, she explained how the overnight guest policy negatively impacted her relationship with her boyfriend, "I don't like—yeah—I don't like being alone. He's helping me with—clean my house and stuff. It helps to have him there at night."

The number of overnight guest visits a resident was allowed to have was presented as a reoccurring theme in Community Council Meetings. During these forums, the program director encouraged residents to advocate for changes but took a cautious tone when it came to the subject of the overnight guest policy. As the program director explained, she did not initially see the feasibility of this change as the overnight guest policy rules were allegedly contingent to Housing Authority funding. When faced with resident complaints the program director explained this rule as a funding issue, countering with, "The policies are here for you." In private conversations with the program director she described the guest policy as designed to allow residents to maintain ownership of their space, while preventing nonresidents from taking advantage of residents. Neither of these answers however, placated residents like Sarah, among others, who viewed their experiences as second to funding priorities.

During the last Community Council Meeting of my fieldwork, the program director proposed that concerned residents contact the building's leasing specialist about the possibility of changing the overnight guest policy rule. According to RC Kade, the *MHO* landlord eventually checked on this rule with the Housing Authority and found changes to be easier than previously anticipated. With this new information *MSO/MHO* then revised the number of

overnight guest visits a resident was allowed. Under the revision, residents were now allowed a maximum of 3 overnight guests a week. While the specific details of this change happened after my fieldwork ended, The *St. Mary's House* March 2017 newsletter attributed the community council as playing “an integral part in changing the overnight guest policy.” The number of guests a resident is allowed in their apartment has remained unchanged.

Proximity

The single-site program of *St. Mary's House* positions resident lives' within very close relation to one another and *MSO* staff. The benefits of the single-site program design, as it was explained to me by CMs, is that the single-site model allows *MSO* to circumnavigate the stigma, discrimination, and other difficulties of housing former chronically homeless clients through private landlords in scattered-site units. My analysis of housing residents within close proximity aligns with previous research on single-site PSH programs (Stahl et al. 2016; Tsai et al. 2010) in demonstrating that residents' interpersonal conflicts with one another often overshadows the positive qualities of living together.

Developing and Maintaining Positive Relationships

To be sure, residents did find comradery and friendship with other residents. For example, at *St. Mary's House* 23-year-old *YTS* client Kayla became good friends with Samantha. This relationship is significant for Kayla because Samantha happens to be the mother of one of her old childhood friends, “Her son is a year younger than me and we used to hang out when we were younger. It's just totally coincidence that his mom ended up being

one of my best friends.” Samantha also favorably viewed their relationship with the mother/daughter dynamic:

Yeah, she’s like my gay daughter, you know. It’s like—and it’s also I think too because she’s young. She is Trans, and she’s a wild child, you know. Because I worry about her safety, right? It is kinda like Auntie Mom or Auntie Niece, or something like that where I’m like, ‘Don’t yell Fuck me really loud at people, it might get you in trouble.’ Or shit like that [laughter].

In addition to forging new friendships, some residents went out of their way to help their neighbors. For example, one afternoon I witnessed Susan deliver a six-pack of beer to Lois, her 56-year-old neighbor from across the hall who had been recently suffering from health problems and impaired mobility.²⁹ This had not been an easy errand for Susan who had just walked a mile back from the supermarket with an overflowing shopping cart. Much to Susan’s delight, Lois opened her door and was visibly delighted to see a cold six-pack of beer on her doormat.

During my fieldwork I found that many residents were already familiar with one another from previous episodes of homelessness. In some cases, residents’ previously lived-experiences with one another out on the streets positively influenced their present relationships. This observation first resonated with me after sharing the elevator one warm summer afternoon with James and Enrique. Once we reached the fourth floor, James gingerly helped Enrique maneuver his walker out of the elevator. After each man said goodbye to one another James returned to the elevator and explained to me that he has known Enrique from living almost two decades on the streets with him. In my later interview with James he commented again on his relationships with other residents, “Everybody I know out there and

²⁹ Lois was later hospitalized for a period of weeks due to liver failure. She later returned to *St. Mary’s House* and now uses a walker.

everybody that lives here—I shouldn't say everybody, but I'd say 80 percent. I'd have a little sip with them on the streets.” When I asked James how these relationships impact him he discussed the importance of this private space, “Yeah. In the beginning. I'd say, ‘Man, this is gonna be like being on the streets in the house,’ but once I come up to this house, apartment #476 where I live, I'm okay.” In other words, his experience of living in homelessness with other residents impacts his perceptions of community at *St. Mary's House* as well as the way he engages with others.

The Challenges of Living Together

Residents more often associated proximity of living next to one another as a source of difficulty and a source for interpersonal conflict. In my interview with Charles, he described “absolutely” feeling apart of community at *St. Mary's House*, but qualifies that “there’s tension.” When I asked him to elaborate, Charles avoids the details and instead focuses on the occasional need for escape: “When JJ freaked out, and then some of the people freaked out. I never know... I don't even wanna delve into it. It's none of my business. Just get the fuck out, when you can get out.” Here, 44-year-old resident Steve distinguishes his satisfaction with programming from the interactions he has with others, “I like the way the place is ran, I wish you know, that everybody'd get along better and there wouldn't be so much in-fighting, you know?” In my experience, the interpersonal conflicts with other residents that Steve mentioned ranged from short quarrels to ongoing feuds, in which verbal and physical altercations, thefts³⁰, or the threat of any or all of the above negatively impacted

³⁰ Camila, a short 23-year-old CM who had recently transitioned from being an RC, once mentioned that by her estimation surveillance cameras were used to solve thefts between residents about three times a week.

resident experiences of community at *St. Mary's House*, and in some circumstances, substantively influenced resident stability.

For Victoria, a 38-year-old resident and devout Christian, her negative living situation is directly tied a feud that has followed her from the streets. As Victoria explained to me one afternoon while hanging out in her apartment, she believes that her prioritization and placement into *St. Mary's House* is attributed to the death threats she had been receiving in homelessness. For Victoria, the irony is that the woman who had once been threatening to kill her later moved on to the very same floor as her at *St. Mary's House*. After telling me the story behind this feud, Victoria assured me that since moving in, the other woman has made an effort to be civil towards her. Nevertheless, Victoria describes the relationship as “Dr. Jekyll and Mr. Hyde”—when the other woman is sober she is generally amiable, but when she is drunk, she turns mean and violent toward Victoria. This situation became a trigger for Victoria’s post-traumatic stress disorder (PTSD). In her debilitated state, Victoria sometimes spent whole days in bed feeling anxious, unable to leave her apartment. Victoria was eventually able to transfer to a scatter-site location in November that was described by her CM as a “better fit.” Most residents who experience conflicts with others however, do not remain in at *St. Mary's House*. During my four months in the field (July – October 2016), there were five resident exits in which the majority of those exited had experienced some sort of interpersonal conflicts with others. All five residents exited into homelessness.

Resident Exits

The exiting of residents into homelessness exemplifies Rae Bridgman’s concept of utopian pragmatics. The consequence of these exits weighs upon staff and residents alike.

When I asked CM Lily in our semi-structured interview what she would like community at *St. Mary's House* to look like she did not skip a beat, "just like this, but nobody exits." Yet the exiting of certain residents is something of an inevitability. Despite this, there is a lack of literature on resident exits. In this section I present the exit process through the eviction of Rebecca, and demonstrate how the confidentiality of resident exits can undermine the stability and sense of control of other residents.

The Pathology of Consumer Choice

For Rebecca, a witty 50-year-old disabled woman with bright pink hair, her brief housing tenure was characterized by disruptions and feuds. For example, in my second encounter with Rebecca I walked into the building to find her pacing around the community space, recently reeling from an altercation that involved her pouring a half gallon of milk over another resident's head. In the days that followed Rebecca's interactions with residents only worsened. One afternoon I overheard Rebecca reporting a confrontation with another outspoken, but otherwise well-liked resident, who Rebecca claimed was being disrespectful to her gender identity and calling her names (Rebecca labeled herself as intersex during our photovoice interview). Rebecca also fought with *MSO/MHO*. For example, in one incident Rebecca was accused of damaging her door and doorframe to the point of the door being rendered inoperable. Staff also had surveillance footage of Rebecca entering other residents' apartments—apparently stealing, as well as vandalizing one of the computers in the community space. *MSO/MHO* tried to intervene on Rebecca's behalf multiple times, but Rebecca remained defiantly uncompliant and she was eventually asked to exit the program. All residents have the option to appeal their exit. For an appeal to be effective the resident

must present a case for how their behavior will change if given a second chance within seven days of being asked to exit. In these circumstances, residents often work with their CM and the program director to make a successful appeal. In Rebecca's case, she remained combative to this process and allowed the seven day timeframe to lapse without turning in her keys to *MHO*.

When I would talk to Rebecca about her impending exit she would argue her way out of any blame. For Rebecca, her feuds with staff were no different than those from residents, and in neither case she would not allow herself to concede failure—in Rebecca's words, "When they mark you as a retard and they're not going to listen to you." Despite this apparent aversion to being labeled as intellectually disabled, staff pathologized Rebecca's non-compliance of programming directives as a way to understand her exit into homelessness. When discussing Rebecca's exit with her CM, other RCs, and the program director, each used the term "delusional" to describe Rebecca and her antisocial behavior. According to these service providers, Rebecca's mental health problems represented a barrier to maintaining stable housing.

MHO eventually filed for a formal eviction proceeding and Rebecca was evicted from the building shortly thereafter.³¹ While being served a court-ordered eviction notice from *MHO* is rare (during my research no other resident was exited by a court-ordered eviction), Rebecca's story exemplifies the negative consequences of consumer choice. The consumer choice approach to services is supposed to empower clients through their right to decision making, but sociologists Löfstrand and Juhila (2012) have noted that this strategy can be used

³¹ *MSO* continued to provide case management for Rebecca after her eviction. In the summer of 2017, a year after her eviction and return to homelessness, Rebecca was rehoused through a different supportive housing program.

to exclude clients whose choice-making went against the choices offered. When discussing the aftermath of Rebecca's eviction, the program director acknowledged that many resident exits are mental health related. And while no staff are not happy to see residents return to homelessness, the program director affirmed the ethos of consumer choice by concluding that ultimately, "People need to be treated as adults."

The Consequences of Exits upon Residents

With Rebecca as an exception,³² the exit process is usually a closed dialogue between the resident, their CM, the landlord (*MHO*), and the program director. This is a standard practice of PSH programs designed to protect client confidentiality. This practice however, leaves RCs and other residents unable to identify who was being exited from the program and under what circumstance. For example, after it was clear that resident JJ—notorious for his outbursts and taking advantage of other residents—was no longer living on-site, I suggested that he had been exited from the program to both a resident and an RC only to receive a different response from each. When I mentioned that JJ was exited during a visit with resident Victoria, she acknowledged not seeing him lately but remained skeptical of my claim, cautiously grateful for the peace and quiet she has gained in his absence. When I made the same remark to RC Dave, that JJ had been exited from the program, RC Dave confirmed that JJ no longer lives at *St. Mary's House* though he confessed to being a little fuzzy about the exact details of JJ's departure. According to RC Dave, JJ was formally removed as a resident after being recommitted into psychiatric treatment. "He's somewhere that can better serve his needs," Dave told me. It was only later that I found out JJ had actually exited to

³² Rebecca gave me permission to discuss her exit.

homelessness, a fact that I stumbled upon one evening when I saw JJ out on the streets myself.³³

Residents exiting into homelessness did not reduce their visibility among other residents. As Steve observed in our interview, “You know, you see ‘em on the corner. I just seen JJ and Scott, I see Rebecca. I seen Monica the other day... Yeah, Jason. Jason’s been a long time. I see him all the time outside like talkin’ to the intercom to people and hangin’ out.” During my fieldwork I frequently saw former resident Jason, now homeless and often wrapped in a blanket, using the entryway intercom to communicate with other residents. Sometimes he would just hang out in front of the building (exited residents are no longer allowed within *St. Mary’s House*). This continued presence of exited residents evoked feelings of insecurity among currently housed residents. As Steve explained, “It could happen. They could tell me to get out and I could be movin’ out of here with my backpack on the corner, you know?... That would suck but it can easily happen to any one of us.” Here Bourdieu’s habitus presents insight into Steve’s statement. According to Bourdieu, habitus is a complex interplay between past and present, which is to say one’s current disposition are informed upon past experiences of socialization that have been internalized and added upon (Reay 2004, 434-435). Like most other residents I interviewed, Steve has had previous experience in supportive housing that resulted in a return to homelessness. In Steve’s case, he had been previously kicked out of a halfway house. A resident’s personal history of housing failure, coupled with the confidentiality of the exit processes and the continued visibility of

³³ I have been told that now all *MSO* staff are made aware of the reasons behind resident exits, but this information is kept confidential from other residents. As RC Kade explained, “I think since this person’s exit staff have been better at communicating with RCs when and why a client is exiting and what the plan is.”

those exited into homelessness, can form the basis for perceived housing insecurity or even helplessness. In our interview, Charles describes a typical reaction to another resident's exit; "I feel bad about that, but there's nothing I can do about that. You have to take care of your own ass."

Service Provider/Recipient Paradigm

In this following section, I present staff and resident experiences of community to demonstrate how the service arrangement structures the ways with which community is experienced at *St. Mary's House*. This analysis contributes to previous research conducted by Stanhope (2012), who found that the structure of Housing First programming set the context for engagement and social experiences between staff and residents. Here, I first attend to the positive experiences associated with this service arrangement; second, I demonstrate how service providers' perceptions of homelessness, and their tenancy to view the homeless within a trauma narrative, can undermine attempts of building community with residents.

Community as a Service Arrangement

These findings were most pronounced in semi-structured interviews in which all ten participants acknowledged feeling a part of the community at *St. Mary's House*, yet staff reported distinctly different experiences of community than that of residents. Notably, RCs and CMs discussed sense of community within their roles as service providers whereas residents often tied positive experiences of community to services received.

For service providers, acting as a tangible resource for residents was a dominant component to their sense of community. In interviews with two RCs and three CMs, all five

described, to varying extents, interacting with residents and “helping make a difference” as part of their experiences. For example, CM Lily said, “I don’t know if I—yes, I’ve always had a wanting to care, and wanting to help. I think actually being here in this community, working with these people, you just get to see the greatness in everybody.” Generally speaking, sense of community for RCs and CMs was viewed through the professional relationship of service provider to recipient. Camila, a young CM who had transitioned to case management from her previous position as an RC, explains community at *St. Mary’s House* within the service arrangement:

I think what’s different is because they came from the streets, they’ve already built a community outside of *St. Mary’s House*, but with a dynamic of having housing policies and having staff who’s able to stabilize your behaviors. I think that’s how it’s different because, now, you have a community of service providers around you to be your safety net, whereas when you were on the streets—I guess I’m tryin’ to put myself in a perspective of what they were going through, and I can’t speak for them, but just how I perceive it.

The professional relationship between staff and residents was acknowledged as a constraint to a degree. As RC Kade explains, “We have to maintain a professional relationship with our clients, so there’s a lot of boundaries that I have to set around that, which sometimes can—I can lose rapport with a client for that, I think.” Here, RC Kade’s awareness of his role as service provider in the relationships he has with residents does not belie the connections he attributes to community:

Well, that doesn’t necessarily—isn’t necessarily true. But, I mean, in a lotta ways I do feel really a part of the community here. I just get to meet and interact with all these really cool people, and I feel like we get to share—I get to share a connection with every person in a different way. That makes me feel really like I’m a part of the community, getting to have positive interactions with folks and getting to make a difference in their lives, as cheesy as that sounds.

Similar to staff, residents that participated in semi-structured interviews expressed experiences of community that coalesced in supportive housing services. For residents, a

prominent aspect to sense of community resonated with having their needs met by service providers. Four out of five interviewees mentioned supportive services such as events, case management, and the 24/7 availability of RCs as positive attributes to community at *St. Mary's House*. For example, Charles described his satisfaction with events put on by *MSO* staff, "They have great food. I feel totally blessed to be here, yes." For a couple of respondents, *St. Mary's House* is the first time they have ever felt a part of a community before. As Diana explains, "I've never really been—even tried to be part of a community 'cuz I'm so to myself. I'm a loner." For Diana, sense of community at *St. Mary's House* is informed by the supportive services she received through her CM, "I think everybody here is great. They've been so helpful just with making sure I get to the doctor or to the store or to *MSO* for my outpatient treatment." Similar to Diana, James had never experienced community before moving to *St. Mary's House*. After being housed for almost a year, James describes community rooted in the gratitude, "They provide everything. Give us donuts... Feed us once a week. Always extra stuff. You got the food boxes comin' in, delivered. Without that little service, I'd be not doin' it."

The differing experiences of community between staff and residents can be explained by employing Bourdieu's concept of habitus as a compilation of collective trajectories (Reay 2004, 434). This application of the concept lends context to how the circumstances and motivations of staff and residents produce divergent experiences of community. As discussed in the previous chapter, residents are prioritized to housing based on scores from the VI-SPDAT. Having been prioritized to housing for being acutely vulnerable in homelessness, it is perhaps of little surprise why residents like Diana and James associate positive experiences of community with being able to meet basic needs. In contrast, staff are employed by *MSO* as

service providers who, in addition to receiving ongoing training in PSH, work under directives that serve in *MSO's* vision of community building. Here it is worth mentioning that crafting a sense of community is an explicit tenet of *St. Mary's House* programming. Unpacking components of the service arrangement in this way reiterates how fundamental programming is to experience. As resident Victoria pointedly explained "The staff is involved with the community of people that live in the building because that's their job is to help us [and] be of disposal for us."

The Trauma Narrative in Programming

This research reveals the extent in which programming influences experiences of community among service providers and recipients at *St. Mary's House*. Within this frame service providers, whether acting as security at the front entrance of the building, providing case management, or exiting residents for non-compliance, function as the ultimate arbiters of community. When considering this power dynamic within the cultural divide of service provider to recipient, programming premised upon serving vulnerable clientele significantly shapes the narrative with which residents are understood by staff. Consider this excerpt from my interview with RC Dan. Here, Dan describes an instance in which he is unable to make sense of certain interactions with residents, concluding that this disconnect must be rooted within the trauma of homelessness:

I also think that here, more so than other communities, there are times where you'll be having what a lot of people consider just a pretty standard conversation with somebody, and you will get a not so standard response. Someone will get angry with you for something that you might not know why they're angry at you for giving me an honest answer. Or somebody will get aggressive over similar things, or what I may perceive to be as no reason at all. Those things are a little bit different...

Having said that, I obviously understand that a lot of, all of the things I just said, come from years of homelessness, years of trauma. Things that I can't even comprehend.

The caveat of this trauma narrative when used by service providers who have never themselves experienced deprivation, is that homelessness can be otherwise depicted as devoid of value. Here, CM Camila identifies this point during our interview:

The reality is, if someone has been chronically homeless for several years, it is difficult to get back on their feet. They may have forgotten basic life skills because they were deprived of that knowledge after losing everything. Having to come back to structure may be a huge obstacle for some people.

In this case, Camila frames life skills as those with which she is tasked to help her clients develop. CMs like Camila often work as a sort of interface for clients and the bureaucratized world that they must navigate to receive benefits, medical care, and housing. I do not critique Camila's word choice as she is a dedicated and impassioned professional who cares deeply for her clients. Rather, I point to the characterization that the formerly homeless do not possess life skills. This characterization is not lost on residents like Susan:

I've had my own business. I've ran other businesses. Just because I don't have a education to go behind it does not mean I don't know what I'm talkin' about or doing. I've managed apartments two different times. Some of 'em will treat me as if I have no clue about what I'm talkin' about and that I'm stupid.

What Susan is describing here is her frustration of staff (albeit unintentionally) overlooking the value of her lived experience.

In addition, service providers' tenancy to view the homeless within a medicalized lexicon can undermine *MSO* attempts of building community with residents. For example, during one wellness luncheon in September, then housing program supervisor and lead CM Sofia gave a presentation about brain neurology with a focus on trauma. While setting-up beforehand in the community space, Sofia asked Sarah to be her helper. Sarah, who was in

attendance, agreed to participate. With permission granted, Sofia began her presentation by pointing to a diagram with three ovals that she had drawn on a standing flip chart. In the first oval there were three straight arrows, in the second oval there were three crooked arrows, the third oval was blank. Sofia described each oval as representing the brain, and that the arrows rudimentarily illustrate how the brain functions in response to experiencing trauma. The first oval depicted a normally functioning brain while the second oval depicted the functioning of a brain after experiencing some sort of trauma. “This is what trauma looks like in the brain,” she relayed to a small crowd of residents, the program director, and myself. When Sofia pointed to the third empty oval, she asked us to imagine this oval as our brain, “What does your brain look like?” she asked. Sofia then specifically addressed this question to her helper Sarah. “It’s fucked up,” Sarah responded with a laugh. Moving along, Sofia then asked Sarah to draw her brain. With all attention on Sarah, and the implication that she draws arrows depicting her brain as having experienced trauma, Sarah broke down and started crying. In between sobs, Sarah explained that she had never been good at school or using her brain. Sofia, caught off guard by Sarah’s reaction, immediately stopped the presentation and asked Sarah to come over and sit next to her. With Sarah by her side, Sofia started rubbing her back to calm her down. The luncheon ended shortly after this incident. Sarah’s reaction to Sofia’s well-intended presentation demonstrates perhaps the most elemental aspect of Bourdieu’s theory of habitus—embodiment. Habitus as embodiment specifies that socialization is inscribed within the biological individual as well on the physical body itself (Reay 2004, 432). This component is critical for conceptualizing how the trauma narrative impacts residents. To be sure, Sarah has no doubt experienced traumatic events in her life. The point is that Sarah professing that her brain is “fucked up” is a response that speaks to how the

trauma narrative becomes embodied among those who, after already experiencing trauma, are subjected to understanding themselves through it. This understanding of homelessness through the narrative of trauma, like that of the deviance narrative discussed in chapter 1, circumvents the structural causes of homelessness.

To conclude, in this chapter I examined the positive and negative dimensions of staff and resident experiences of community through four related aspects. For the first related aspect, surveillance, I organized the dominant ways in which surveillance impacts residents' sense of community. My analysis aligns with previous research (Monahan 2006; Parsell 2016) in demonstrating that surveillance is either positively attributed to sense of community when viewed as a mechanism for protection from the streets, or seen as a paternalistic constraint when surveillance is used to limit residents' ability to act independently. In the second related aspect, proximity, I demonstrated that while the single-site program environment does provide a setting for positive relationships to develop among residents, interpersonal conflicts often overshadowed the beneficial qualities of living together. There is opportunity for this dynamic to change as relationships evolve over time and as new people enter the program and others leave. However, to the extent that resident proximity to one another is a source for interpersonal conflicts, the single-site program of *St. Mary's House* can undermine certain individual's housing stability. These findings serve as a reminder as to how important choice of housing is for MSO clients. In Victoria's case, being able to be relocated to scatter-site housing was crucial for her housing stability. For the third related aspect, resident exits, I explored the exit process and demonstrated the negative consequences exits have upon *St. Mary's House* residents. The impact of resident exits upon residents of PSH is virtually undocumented in the literature and further research could

importantly contribute in better understanding this aspect of residents' perspectives. In the fourth related aspect, the service provider/recipient paradigm, I found that the structure of service arrangement informed experiences between staff and residents. Here I argue that service providers' perceptions of homelessness, and their tenancy to view the homeless within a trauma narrative, can undermine attempts of building community with residents. This analysis of programming and the service arrangement could be useful for the program director for understanding what aspects of programming work for residents from those that do not. In the next chapter, I present depictions of community at *St. Mary's House* through participant generated photovoice material.

Chapter 6: Resident Experiences through the Lens of Photovoice

In this chapter I share participants' photovoice materials and discuss how this resident generated data portrays experiences of community at *St. Mary's House*. I begin by presenting selected participant pictures and interview excerpts through three themes: (1) depictions of home, (2) participation in neighborhood, and (3) solidarity in homelessness. I conclude with a discussion of how these themes illustrate participants' sense of community as well as some of the limitations of this portion of research. I argue that the participant narratives represented under each theme collectively demonstrate the capacity of residents as active and resilient community members.

Prominent Themes

Themes were determined based on my analysis of photovoice material. As stated in chapter 3, seven photovoice participants were interviewed on their five favorite photos that they identified as their community, and what community at *St. Mary's House* "looks like." The resulting 35 photos were organized by the contents and significance of the photo as conveyed by the photographer. Because participants sometimes described the significance of their photos in multiple ways, I relied upon my interpretive analysis for thematic organization and development. I would have preferred participant feedback for thematic development so as to fully realize photovoice as a participatory research tool. Unfortunately, by the time data analysis was underway four of the seven participants had already exited from *St. Mary's*

House.³⁴ The three primary themes discussed in this chapter are listed in order of prominence based upon the amount of material attributed to each. Collectively, these themes account for 86% of all resident generated photovoice material. Each of the three themes showcase pictures and interview excerpts of three or more participants, in which data is framed within the principle elements of sense of community to represent a distilled and concise reflection of each theme. Due to space limitations, it was impossible to showcase all photovoice material.

Depictions of Home

Twelve pictures and interview excerpts were organized under this theme depicting *St. Mary's House* as home.

Eight photos chosen by participants' highlight the positive impact of housing for residents. For example, Victoria chose to share an artfully crafted image of the front entrance of the building because this doorway represented her opportunity for a new start (Figure 10).³⁵ Homelessness was



Figure 10: Doorway.

Picture and caption by *St. Mary's House* resident Victoria.

“Because this is the beginning of this place me. It’s what I first saw. What I first understood visually of *St. Mary's House*, solid, crisp, clean.”

³⁴ Victoria and Kayla had moved into scatter-site housing. Samantha and Rebecca had exited into homelessness.

³⁵ In our interview Victoria elaborated on the angle of this photo, “I think I wanted to get a little bit of top and side at the same time.”

a very desperate time for Victoria. Before moving into *St. Mary's House* she had to hustle every day to find a safe place to sleep at night. Victoria once told me that she began every conversation while out on the streets with “How are you doing? Do you have a place?” The building’s entrance represents more than just a striking image of change from living in homelessness however. For Victoria, the front doors also reflect a sense of belonging because everyone that lives in *St. Mary's House* must enter through these same doors. This sentiment was echoed by Sarah whose images of the front entrance (not pictured) also resonated in the shared experience, “everyone that lives in *St. Mary's House* or works at *St. Mary's House* goes through this front door.”

Depictions of home also included pictures and discussion of participants’ apartments.



Figure 11: Flowers.

Picture and caption by *St. Mary's House* resident Lois.

“That was a birthday present.”

For Lois, a 56-year-old soft spoken resident, her picture of flowers sitting atop her kitchen table (Figure 11) is an image that she holds in esteem because the flowers were a birthday gift from an RC. When I asked about the other person in the photo Lois went on to say that she often hangs-out with other residents in her apartment, “Everybody I know here

comes here and they sit and talk with me for a while.” Like that of Lois, Victoria also shared

a picture of her apartment (Figure 12), showcasing a floral arrangement on her table. Victoria explains the significance of this photo two different ways. First, she describes taking it because she liked the way her room divider (positioned in the background) provides structured separation of her dining room and bedroom. Second, she describes her dining room table as a way to invite other residents over for a meal. Victoria



Figure 12: Victoria's Apartment.

Picture and caption by *St. Mary's House* resident Victoria.

“Because this is—for me, my studio is a place where I want people to feel welcomed in the building and safe and comfortable and just like a comforting kind of—‘cuz I’ve been told from the staff that it kind of has a homey look to it.”

likes her kitchen and the ability to cook. While she mostly cooks from whatever she receives from the food bank, her “concoctions” mostly turn-out. To this points Victoria adds, joking that, “I like to cook a little too much because other people have asked me to cook for them.”

Of the photovoice material organized under this theme, four photos conveyed negative depictions of home. For example, Rebecca, who was eventually evicted from *St. Mary's House*, her photos that and discussion revealed an opposition to the ways of belonging portrayed by other residents. This picture (Figure 13) characterizes Rebecca's combative relationship with *St. Mary's House* staff.



Figure 13: Rocks on the Windowsill.

Picture and caption by *St. Mary's House* resident Rebecca.

“They’re rocks, but I don’t know. I’ve grown accustomed to ‘em. Rearranged them a few times. Generally it’s just a manifestation of my intention to screw with the management of this place, because they’ve acted wholly and completely like petulant children in their methodology of running the place.”



Figure 14: "The Struggle is Real."

Picture and caption by *St. Mary's House* resident Samantha.

“I like it that the drug addict community, and the sex worker community try to really work together to keep each other safe. There’s a lot more camaraderie with people who hate each other on the street, who are substance implicated and often sex traffic implicated than a lot of straight, normal, people that I know. That’s encouraging. You know, there’s like that street family love or whatever.”

Participation in Neighborhood

The twelve photos and interview excerpts under this theme depict an array of neighborhood participation. For example, local housing advocate Samantha likened her picture of “The Struggle is Real” to how the street community often works together to survive (Figure 14). She described the dialogue of the street as fast, direct, and honest. In this case, sense of community is invoked as a resource to protect one another. In

Susan's case, she used three pictures depicting local pollution problems to frame her influence and sense of mattering. For Susan, who's housing tenure at *St. Mary's House* remains uncertain, one of her photos (Figure 15) of trash is symptomatic of neglect, "It shows the part we are not doing to help each other." However, Susan used this photo to invoke a call to action for civic engagement, "We got to show them that we care by keeping it clean." In fact, for all five of Susan's photos she reiterated her sense of stewardship and the community's collective responsibility in making a positive impact, "When my kids were younger, we would go for walks and pick up garbage along the sides, and my kids would ask me, 'Why do we do that, mom?' I said, 'Because this is your world that you're growing up into. If we didn't do this, nobody would.' Hopefully, there's others that feel like me."



Figure 15: Trash.

Picture and caption by *St. Mary's House* resident Susan.

"The fact is we have it everywhere in our community. We just can't sit there and keep pointin' the finger. One of the things that made me feel good one day. I was livin' down by the bay and there was always garbage. I watched old couples walk through, and nobody would pick it up. Just like at the bus station. I stopped there. I counted 98 people walk by this piece of garbage before somebody picked it up. Ninety-eight. That's sad. These old people, and the other people on the boat, saw me pickin' up garbage constantly. They came up and asked me, "We know you don't live here, so why do you pick up the garbage in our area?" Because it only takes one. If somebody cares enough to do it, then maybe others'll start caring."



Figure 16: “Heart of the City.”

Picture and caption by *St. Mary’s House* resident Samantha.

“I appreciate that, because it shows me that the heart of this city still is pretty green, even though we’ve had like Big City litter problems and Big City toxicity problems; that a lot of the people here still care about the nature that’s here, and that’s a big deal. Like saving our waterfront and keeping the waters clean are a big deal, and that’s what this means to me ‘cause it’s been there for a long time.”

Other photovoice participants also drew upon the local landscape to frame the importance of neighborhood engagement. In one photo of an area home improvement store that sells reused building materials (not pictured), Kayla, like that of Susan, mentioned a collective responsibility in keeping the community clean. She explains, “Stuff just doesn’t just go to waste and ends up being reused. Lately, people don’t do that. They have been littering more. They have been careless about their stuff and it looks kind of trashy. That leads into this, trashy people being like trashy things.” Similarly, Samantha made a local iconic landmark the subject of one of her pictures (Figure 16). In our interview she described the significance of this image within the changing landscape of town, “It was like the heart of the city. Everybody came to work down here and they had chlorine lakes and whatever. Now it’s

shut down. It’s a superfund site. This is one of the last buildings—.” For Samantha, photovoice offered an opportunity to document this treasure before being torn down, “This is

one of the last symbols of this whole area; and what I like is that they waited till the very last to take this down, kinda thing. Like everything else has pretty much been torn down there. This is one of the last things to go.” Note that in her caption Samantha also ties the significance of this image to people coming together and caring enough to confront “Big City” problems. Months later, the “Heart of the City” was indeed torn down.

Solidarity in Homelessness

As all participants have experienced homelessness before moving into *St. Mary’s House*, perhaps it is no surprise that many expressed a continued emotional connection with

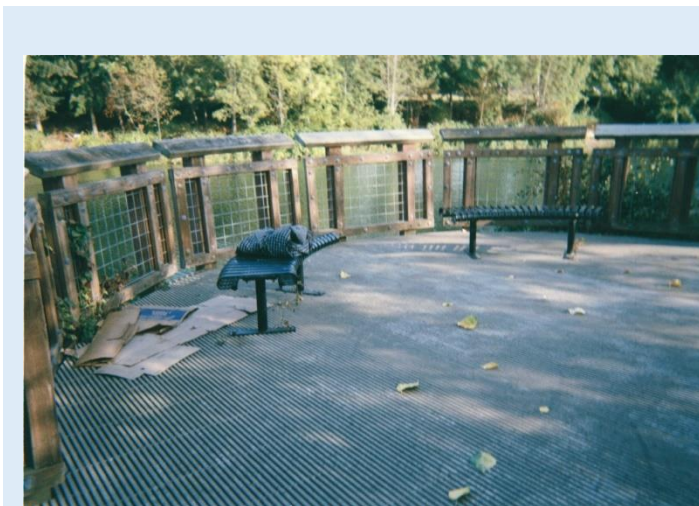


Figure 17: Cardboard Bed on Waterfront.

Picture and caption by *St. Mary’s House* resident Susan.

“The cardboard, I teach a lot of people this. To get the cardboard to sleep on, because it will separate you from the cold surface.”

those still living out on the streets. The seven pictures and interview excerpts organized under this theme depict the ways in which the homeless survive, and are supported. An example of this is revealed in Susan’s picture of a cardboard bed at a nearby park, abandoned by its user (Figure 17). Susan uses her photo to explain the importance of this

type of bedding in surviving the cold, “Yeah, and that cardboard absorbs the cold so that your body doesn’t have to. Then put your tarp and blankets down, and then you’ll keep warmer, but if you don’t have the cardboard, you’ll—they’ll freeze.” For Susan, this picture depicts

the lack of empathy and support for the homeless. Too often people look upon such scenes as trash, without taking into account the humanity of the person relegated to living in those circumstances. “It’s instead of jumping the person about their stuff, sayin’ hey, can you use a hand? To help. ‘Cause it’s hard to carry that stuff, and your blankets, and try to carry it and then have people think of the way they think of you because you’re on the streets. You know, instead of realizing that I’m sorry they’re there.”

As mentioned in chapter 5, the visibility of exited *St. Mary’s House* residents remains a part of current residents’ sense of community. For example, Rebecca’s photovoice interview included two photos of former resident Jason. In this photo (Figure 18), Rebecca discussed how current residents are helping Jason, “Jean was feedin’ him. I was



Figure 18: Jason.

Picture and caption by *St. Mary’s House* resident Rebecca.

“Well, Jason’s been in about round and visible in this community for years. Part of the community is people that he’s grown up with were still inside of that building, and actually comin’ out and feedin’ him chicken parmesan, I believe it was on that day.”

talkin’ to him and actually gettin’ information, not only about him, but stuff relayed from Scott, too (another exited resident).” For Samantha, housing and homeless services are important components of her volunteer work. In her picture of *Northwest Volunteer and*

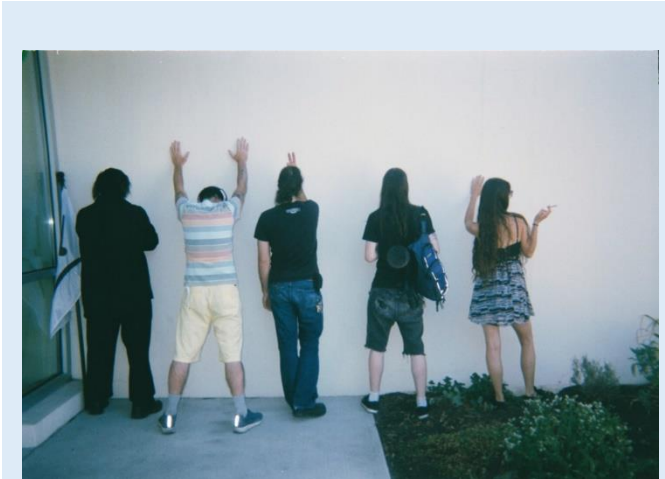


Figure 19: Homeless advocacy.

Picture and caption by *St. Mary's House* resident Samantha.

“This is a meeting photo. This is a meeting of the *Northwest Volunteer and Homeless Advocacy*. This is like their second business meeting, and they were planning a fundraiser.”

Homeless Advocacy members (Figure 19), an area non-profit that Samantha helped develop, she describes with urgency the importance of serving the immediate needs of the homeless. According to Samantha, “Our thing is immediate harm reduction packages. Like people need socks, like right the fuck now. People need gloves, right the fuck now; and like whatever is the immediate need that’s gonna keep people most safe. Where can we fill

in.” Here, Samantha’s activism, like that of Susan’s empathy, reflect a solidarity built from shared history and experience

Discussion

The material organized under these three themes illustrate the range of participants’ experiences of community. The first theme, Depictions of Home, offers a glimpse into the ways in which *St. Mary's House* concretely forms the basis of experience. Here, housing is portrayed by participants’ as a sense of belonging. Themes Participation in Neighborhood and Solidarity in Homelessness, reflect experiences that are outside that of the service arrangement discussed in pervious chapters. The former theme reveals participants’ values, motivations, and expectations of being citizens. In these images and excerpts, participants

portray community engagement without reference to *St. Mary's House*, implying that many of the experiences that resonate with residents exist outside the community building efforts embedded within the *St. Mary's House* service arrangement. In the latter theme, Solidarity in Homelessness, photovoice materials convey participants' continuing connection to the streets. This theme is significant because it suggests that residents are still involved and care deeply about the other people living in homelessness.

The findings of this chapter should be considered within a couple of limitations. First, to safeguard the anonymity of other residents and non-project participants, I instructed photographers not to take pictures of other peoples' faces. The implication of this directive is that participants were then more likely to take pictures of the places that they identified as community rather than people. Second, all participants experienced difficulty related to the use of their disposable camera. The inability for a photographer to preview pictures, combined with the difficulty in using the "flash" option of the camera to correct for a variety of lighting issues, resulted in nearly every participant discarding a portion of their pictures. For example, in one instance a photo taken of the community space developed as an unrecognizable dimly lit room because the photographer had forgotten to use the flash. More commonly however, blurry or poorly lit photos would be discarded by participants for stylistic purposes.

This portion of research, while perhaps only scratching the surface, has challenged the perception that former chronically homeless residents are passive actors in need of (re)socialization. Despite the deprivation and discrimination that participants have assuredly experienced in chronic homelessness, this chapter has demonstrated the resilient capacity of residents to participate and understand themselves as community members. I evoke the

concept of resiliency from Anthropologist Roberto Barrios, who describes the concept as “the capacity to carry on, improvise, and survive despite overwhelming challenges” (2016, 31). Though Barrios explores this concept in relation to communities and their ability to adapt and recover from natural disaster, resilience can be applied to residents who are recovering from chronic homelessness and who have managed to adapt to the continued constraints of severe poverty, substance abuse, mental illnesses, and physical handicaps. Anthropologist Nancy Scheper-Hughes expands upon the concept of resiliency by critiquing dominant narratives that more narrowly frame human capacity, “But the medical-social science-psychiatric pendulum has swung in recent years toward a model of human vulnerability and human frailty to the exclusion of the awesome ability of people—adults and children—to withstand, survive, and live with horrible events” (2008, 42).

To conclude, in this chapter participant generated photovoice materials were organized and analyzed through dominant themes that collectively illustrate the capacity of participants as active and resilient community members. These experiences, largely unfamiliar to service providers, are valuable for more broadly conceiving community at *St. Mary’s House*, and could be used for informing related services and programming. In the next chapter, I delve into specific recommendations and considerations for *St. Mary’s House* and *MSO*.

Chapter 7: Conclusion

Chronic homelessness remains an entrenched phenomenon in the United States linked to a variety of social and economic problems. As mentioned in the introduction and expanded upon in chapter 2, within the last couple decades the Housing First approach has risen to prominence as the solution for ending chronic homelessness. And while providing housing for individuals experiencing homelessness is critically important for ending chronic homelessness, there is a need for resident views to be included in the debate. As Parsell, Peterson, and Cameron explain:

Despite the ambitious objectives of single-site supportive housing to create communities, homes and desirable places for people to live—and in light of the critiques of an abnormal environment and institutionalization—there is little contemporary empirical research documenting the perspective and experiences of residents living in single-site supportive housing (2016, 1192)

This thesis argues that resident perspectives and experiences of PSH are necessary for building more equitable and inclusive communities with single-site PSH programs.

The reasons why residents' views have been marginalized in the supportive housing dialogue are complexly intertwined within the contemporary history of chronic homelessness. In chapter 2, I explored this connection through a critical analysis of how federal level neoliberal policies have produced the structural circumstances for chronic homelessness to exist, as well as subsequent housing interventions designed to address the phenomenon. This analysis offers important context for situating current PSH programming.

Against this backdrop, I introduced my research with *St. Mary's House* in chapter 3. In addition to outlining my methodological approach for addressing how community develops and is experienced among staff and residents, I detailed a project approach that

could be adapted as part of a formula for applied research with organizations that serve marginalized or vulnerable populations. The relationship developed through this research processes could be considered as an asset for *MSO* for future collaborations with anthropology and Western Washington University.

The data generated from this research depicts how *St. Mary's House* programming significantly impacts resident and staff experiences of community. In chapter 4, my organizational analysis of the built environment and social environment revealed the ways in which the service arrangement between staff and residents collectively structures the parameters with which social interactions are organized, and community participation is produced. In particular, my analysis of the commons areas could be useful for staff to understand how these spaces are utilized, as well give context to resident generated activities.

In chapter 5, I examined the positive and negative dimensions of staff and resident experiences of community through four related aspects. For each, I described the structural challenges to residents' experiences. This analysis could be helpful in identifying the ways in which the service arrangement impedes the program goal of crafting a place to belong. My examination of the first related aspect demonstrated how certain surveillance measures are viewed by residents as paternalistic constraints to independence. In the second related aspect, proximity, I demonstrated how interpersonal conflicts among residents often overshadowed the beneficial qualities of living together. There is opportunity for this dynamic to change as relationships evolve over time and as new people enter the program and others leave. However, to the extent that resident proximity to one another is source for interpersonal conflicts, the single-site program of *St. Mary's House* can undermine housing stability for some residents. These findings serve as a reminder as to how important choice of housing is

for MSO clients. For the third related aspect, resident exits, I examined how the exiting of individuals into homelessness can erode a sense of stability and control for current residents. The impact of exits upon residents of PSH is virtually undocumented in the literature and further research could importantly contribute in better understanding this phenomenon. In the fourth related aspect, the service provider/recipient paradigm, I demonstrated how service providers' perceptions of homelessness, and their tendency to view the homeless within a trauma narrative, can undermine attempts of building community with residents.

Although there are challenges in residents' experiences of programming, *St. Mary's House* has proven themselves to be receptive to resident feedback. As chapter 4 can attest, feedback from the Community Council led to a number of resident generated changes including a revision to the guest policy that now allows residents to have a maximum of three overnight guests a week. While this process took place after my fieldwork had ended, it is certainly a considerable achievement for residents who felt unsatisfied with the previous arrangement that only allowed for a maximum of three overnight guests a month. Within this frame, the structural challenges identified in chapter 5 provide opportunity for generating further dialogue as to how specific points of contention can be creatively addressed by residents and *MSO*.

Chapter 6 is significant as it was predicated upon resident generated data. For this chapter, participant photovoice materials were organized and analyzed through dominant themes that collectively illustrate the capacity of participants as active and resilient community members. These experiences, largely unfamiliar to service providers, are valuable for more broadly conceiving what community at *St. Mary's House* can become.

When considered in its entirety, this thesis contributes to a critical reflection of current community building practices at *St. Mary's House*. As chapter 3 outlined, applying these findings in ways that serves *St. Mary's House* and *MSO* is an important objective of this project. In the following sections I present recommendations for building community at *St. Mary's House* and considerations for *MHO/MSO* PSH programming.

Recommendations for Building Community at *St. Mary's House*

The findings from this project offer many avenues for community building. By focusing upon what can reasonably be achieved within the existing service arrangement, I recommend orienting current program practices so as to address the structural causes of trauma, homelessness, and marginalization. Currently, *St. Mary's House* staff serve clients through trauma informed care that uniquely caters to the individual. And while this level of attention is certainly important, this research has demonstrated the negative impact that the individualization of trauma can have upon residents. What I am proposing is a next-step in trauma informed care that orientates clients' experiences within their structural causes. While situating an individual's lived experiences of homelessness, trauma, and continued marginalization in relation to structural inequalities may be daunting, explicitly identifying these barriers has the potential to unburden the individual from the pathology of homelessness with which they understand themselves by (Vincent Lyon-Callo 2008). Orienting residents as resilient survivors of deprivation and discrimination provides important context for collective healing among a group of individuals that have all experienced similar structural traumas. Such changes provide the opportunity for healing and making meaning out of shared adversity (Wexler, DiFluvio, and Burke 2009). According to

Almedom, Brensinger, and Adam, “Mean-making is critical to the process of adaption to loss and trauma that helps humans regroup and restore function as individuals and also as a collective” (2010, 128). In addition to strengthening ties between individuals who have shared in the struggle, this next-step in trauma informed care has the potential to collectively orientate residents as resilient and capable community actors.

Considerations for *Mission Services and Outreach* Permanent Supportive Housing Programming

As this thesis has demonstrated, *MSO* clientele are grateful for many of the services they receive at *St. Mary’s House*. Yet framing community building within the existing service arrangement remains complicated because the terms of services constrain the ways in which clients are allowed to participate. Considering this, a “bottom-up” approach—in which clientele take part in the assessment of current program practices as well as in the development and implementation of new supportive services—can be useful for creating more equitable and inclusive programming. In addition to being an opportunity for producing single-site PSH programming that reflects *MSO* values, this process driven approach creates space for clientele to become program contributors and in turn, vested community members. Based on my research with residents, there are a few key opportunities that can form the basis of this bottom-up approach.

Reintroducing a resident council and developing on-site peer counseling are low-impact methods for incorporating clients into programming. As acknowledged in chapter 4, *St. Mary’s House* experimented with a form of resident representation via the Community Council. This council operated as a loosely organized forum for residents to address grievances, suggest changes, and comment on *St. Mary’s House* programming and policies.

In the fall of 2016, *St. Mary's House* staff suspended the Community Council due to lack of participation. While this research confirms that many clients do not continually engage or participate in services and *MSO* generated activities, chapter 5 also highlights the real concerns of research participants, as well as the continued barriers to representation that all clients face. Developing a means for these individuals to substantively advocate on behalf of their interests and resident issues is critical for addressing the structural challenges of single-site PSH programming. There are few ways in which a resident council can work on behalf of residents. For example, in the case of single-site PSH programs, a resident council can operate as a mediation committee for conflicts. This form of council has the opportunity to more effectively resolve interpersonal conflicts between clients or staff, which could in turn improve client retention rates. As highlighted in the bottom-up approach, a resident council can also serve in a representative capacity for programming and policy decisions. This form of council has the opportunity to broaden the cultural dialogue between staff and clients over issues such as surveillance and current practices like trauma informed care, as well as reshaping the power dynamics of the service provider/recipient relationship. Peer counseling can also fill an important role in PSH programming. With peer counseling there is an opportunity to more effectively provide supportive services to newly transitioned clients through individuals whom have shared similar experiences, and can draw from relationships developed in homelessness. These counselors can be critical for communicating a path to recovery from homelessness otherwise unrecognized or undervalued by service providers who have never experienced homelessness themselves, as well a framework for other clients to become service providers and meaningful PSH program contributors. Since my fieldwork ended, *St. Mary's House* has started outsourcing peer counseling as part of on-site services

offered.³⁶ This is an encouraging development that hopefully one day, allows for current residents to become peer counselors.

In addition, consulting with housed clientele on future PSH site development can yield insights into clients' experiences of place making and the built environment. Drawing upon Ray Bridgman's ethnographic work at Strachan House, an experimental Canadian homeless housing program, including residents into the building design process is way to physically incorporate the social values of street people (2006, 145). As chapter 4 revealed, residents at *St. Mary's House* favor the alleyway smoking area over other spaces such as the patio. The former of which has developed as a resident generated space for social gatherings whereas the patio remains underutilized, despite the best efforts of *MSO* staff to encourage participation in patio activities. Incorporating the input of former chronically homeless clientele into the architectural design of programming presents opportunity to build upon a particular expertise unfamiliar to those who have never lived in homelessness, as well as gain practical foresight for structuring spaces that will be meaningful to occupants.

The recommendations and considerations put forth in this chapter present a way to build upon the existing goals of *St. Mary's House* and the longstanding values of *MSO*. Ultimately, developing programming that allows for greater resident participation and control is fundamental for any community building effort. Considering this, future collaborative research with residents would be beneficial for determining the exact ways in which *MSO* could include clientele into single-site PSH programming. Crafting a place to belong is by no

³⁶ Since fall of 2017, *St. Mary's House* clients have had the option to work with certified peer counselors from *Pilot Health*—a regional non-profit organization that provides mental health and chemical dependency services to individuals and families.

means an easy task, but so long as *MSO* remains committed to building meaningful relationships that honor the dignity of residents, I remain optimistic that *St. Mary's House* will continue to evolve in this pursuit.

Appendices

Appendix A: Project Briefs

March, 2016 Project Brief

Purpose

The purpose of this proposed project is to understand how service providers, staff, and clientele create sense of community in order to contribute to the program goal of crafting a place to belong.

Need

- Program is within 1st year of operation. Project findings could contribute to framing community building efforts congruent to long term goals.
- Project portrays clientele as community members and provides perspective and voice to those being housed.

Project Objective

This project will explore individuals' experiences, practices, and ideas of community in order to understand how sense of community is created within. Broadly speaking, this project will:

- Examine community building from a variety of participating members.
- Position participants as contributing members to project process.
- Seek feedback from project stakeholders to orientate project processes.

Next Steps

- Develop finalized project proposal for IRB submission, and forward copy to *Megan* And the Regional Director for Risk Management Submission by April 18th, 2016.
- Western Washington University IRB and *MSO* Risk Management will review and approve proposal (April-June, 2016).
- Anticipate Start Date: Summer 2016

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Peter Miterko
Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences from Staff and Residents at St. Mary's House
June 7, 2016 Project Brief

Purpose

This project seeks to understand how sense of community develops within the Housing First model. By collaboratively employing anthropological methods that include participant observation, photovoice, and interviews, this project will shed light on the range of perceptions associated with community, and could contribute to the program goal of “crafting a place to belong.”

Project Approved

- 5/25/2016- *Mission Services and Outreach* approves project proposal (see attached form).
- 6/1/2016- Western Washington University's Institutional Review Board approves project proposal (see attached form).

Tentative Project Schedule

- June - Transition from role as volunteer to role as anthropologist.
- July - Participant observation.
- August - Participant observation and begin photovoice.
- September - Participant observation, photovoice, and begin semi-structured interviews.

Next Steps

- Multi-tiered approach for transition from role as volunteer to anthropologist to include:
 - Debriefing resident counselors first.
 - Employing statement of intent during personal interactions with residents.

“I’m trying to understand from you what community at is like”
 - Blurb in July newsletter.
- Feedback from *Megan*.
- Arrange times and dates for upcoming meetings.
- Begin project July 7th, 2016.

FOR ADITIONAL INFORMATION PLEASE CONTACT

Peter Miterko
Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

***Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences
from Staff and Residents at St. Mary's House
Project Brief - July 2016***

Project Purpose

This project seeks to understand how sense of community develops within the Housing First model. By collaboratively employing anthropological methods that include participant observation, photovoice, and semi-structured interviews, findings will shed light on the range of perceptions associated with community and could contribute to the program goal of “crafting a place to belong.”

Recap of July Progress

As a participant observer I have been spending 5-6 hours a week sharing in the daily interactions of staff (predominantly resident counselors) and residents. Participant observations are initially outlined on-site, and then expanded upon in detailed field notes composed within 36 hours of the observation. The data gathered from this method will form the context for the development of project themes.

- Early in this process I decided to refrain from taking notes in front of residents so as to encourage more relaxed encounters. While this decision has eliminated a potential stressor during resident engagement and routine interactions, it has also removed the possibility for feedback by residents on the data produced.

I have begun photovoice with five resident participants. This methodology consists of two basic stages; the first stage is comprised of residents taking photos, and the second stage is the discussion of these photos with the photographer. The general strategy behind photovoice is to create the opportunity for participating residents to identify and present the aspects of community important to them, as well to comment on why these places and people are significant.

- Of the five participants: three are in the first stage of taking photos, and two are ready for the second stage of follow-up interviews. Of note, one participant in the second stage of photovoice is being evicted.

Next Steps for August

- Enlist three more resident participants and finish photovoice portion of the project.
- Begin outlining project themes from participant observation and photovoice data.
- Compose list of participants for semi-structured interviews and develop interview itinerary.
- Begin conducting semi-structured interviews with staff and residents.

FOR ADITIONAL INFORMATION PLEASE CONTACT

Peter Miterko- Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

***Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences
from Staff and Residents at St. Mary's House
Project Brief - August 2016***

Project Purpose

This project seeks to understand how sense of community develops within the Housing First model. By collaboratively employing anthropological methods that include participant observation, photovoice, and semi-structured interviews, findings will shed light on the range of perceptions associated with community and could contribute to the program goal of “crafting a place to belong.”

Recap of August Progress

The majority of data collection in July and August was gathered through participant observation. My primary objective for August was to complete photovoice with eight resident participants. But as this process has unfolded at a slower pace than I originally anticipated, I now project completing this task by the beginning of October. In August I also began conducting semi-structured interviews with residents.

Emerging Points from Participant Observation

During my time at *St. Mary's House* resident councilors (RCs) have continued to be compassionate, kind, and committed to residents, and my interactions with residents reflect that most are grateful for their housing and appreciative of the services provided by *MSO*. Based on my observations, experience of community among residents is primarily determined by their role as recipients of services. As the recipients of services, residents minimally participate in what is required, and frequently opt-out of attempts by staff for “community building” activities. While there are certainly a multitude of complex reasons behind this phenomenon, I have gleaned a few points which may account for ongoing resident disengagement.

- *Power dynamics*. The ways in which authority is asserted at *St. Mary's House* influences community participation and attempts at community development. For example, rules written into the *St. Mary's House* guest policy state that residents are not allowed more than three overnight guest visits each month. This measure, among others, fundamentally defines the parameters for community building at *St. Mary's House*, and constrains the ways in which residents are able to achieve community on their own terms.
 - *Specialization and Separation*. The lived-experiences between staff and residents are distinctly different. Notably, most RCs have a degree in Human Services but lack any direct experience of homelessness themselves.
 - *Surveillance*. *St. Mary's House* is owned and managed by *MHO*, whereas supportive services for residents are provided by *MSO*. While *MHO* and *MSO* differ in the services they provide for residents, both *MHO* and *MSO* use surveillance devices to accomplish a variety of shared goals that include ensuring resident safety and managing resident behavior. Within this frame, *MSO* RCs and case managers are in the position of providing supportive services to residents while simultaneously reporting tenant behavior, building damage, and lease violations to *MHO*. When service providers are

put into the position of acting in the interest of the landlord, surveillance devices such as security cameras and written observations (the daily log) become tools for placing residents under scrutiny.

Photovoice and Semi-Structured Interviews

As I noted last month, photovoice is a two stage process and I hope to complete photovoice with a total of eight resident participants. Thus far two residents have completed photovoice, one resident has opted out, and an additional six residents are currently participating.

- Of the six current resident participants: two are in the first stage of taking photos, and four are ready for the second stage of follow-up interviews. Of note, one participant who has completed photovoice has been evicted, and another participant in the second stage of photovoice is in the process of appealing the termination of their housing subsidy.

As part of the semi-structured portion of the project, I will conduct ten, one-on-one semi-structured interviews in order to draw upon wider perspectives on sense of community within *St. Mary's House*. These interviews will be approximately 30 minutes each and will include participation from: five residents, two RCs, two case managers and one with the Housing Services Supervisor. Semi-structured interview questions will position respondents as valuable for both understanding community as well as for building community.

- I have conducted semi-structured interviews with three residents thus far.

Next Steps for September/October

- Complete follow-up interviews with six remaining photovoice participants.
- Brainstorm ways in which to share/display photovoice portion of project.
- Enlist two additional resident participants, and four staff participants to complete semi-structured interview portion of project.
- Begin analyzing data from participant observation, photovoice, and semi-structured interviews.
- Begin developing themes and findings. Share emerging themes and findings with *Megan* for feedback.

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Peter Miterko- Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

***Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences
from Staff and Residents at St. Mary's House
Project Brief - October 2016***

Project Purpose

This project seeks to understand how sense of community develops within the Housing First model. By collaboratively employing anthropological methods that include participant observation, photovoice, and semi-structured interviews, findings will shed light on the range of perceptions associated with community and could contribute to the program goal of “crafting a place to belong.”

Recap of October Progress

End of Fieldwork

On October 21st, I completed my last scheduled semi-structured interview and follow-up photovoice interview. The completion of these interviews marks the end of my fieldwork at *St. Mary's House*. Since officially beginning data collection in July I have:

- Spent nearly 75 hours on-site as a participant observer.
- Completed photovoice with 7 out of 9 participating residents. Of the nine, two initial participants opted-out” of completion, one of which eventually exiting to homelessness. Of the seven participants who completed this process, one participant was evicted from *St. Mary's House*, thereby exiting into homelessness, and another participant is in the process of appealing the termination of their housing subsidy.
- Completed 10 semi-structured interviews. Five interviews were conducted with residents and another 5 with *MSO* Resident Councilors and Case Managers, on-site *MHO* staff declined to participate.

Photovoice Art Gallery Showings

When I originally conceived of this project, I could not have confidently anticipated that residents would be willing to share their art with the greater community. This idea came to fruition as the project unfolded by petitioning participating residents as to how/if they would like to share their photovoice material. Based on this feedback and *Megan's* on-going support, I plan on organizing two art shows displaying participating residents' photovoice material. In order for the wider community and exited participants alike to have the opportunity in sharing in the experience, the first art show will be held at a downtown gallery during Bellingham's First Friday Art Walk. Photovoice material will then be put on permanent display at a follow-up art show for residents and staff at *St. Mary's House*.

In order to fund the dissemination (presentation) of photovoice material at a local gallery, and for the subsequent on-site program display, I submitted a small grant proposal to Western Washington's Graduate School. I expect my request to be fully funded and anticipate showcasing resident art in early 2017.

Next Steps for November

- With fieldwork complete, transfer back into role as volunteer.
- Return completed transcriptions and recorded audio to interview participants.
- Begin analyzing data from participant observation, photovoice material, and semi-structured interviews. Share emerging themes and findings with *Megan* for feedback.

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Peter Miterko- Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

***Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences
from Staff and Residents at St. Mary's House
Project Brief - December 2016***

Project Purpose

This project seeks to understand how sense of community develops within the Housing First model. By collaboratively employing anthropological methods that include participant observation, photovoice, and semi-structured interviews, findings will shed light on the range of perceptions associated with community and could contribute to the program goal of “crafting a place to belong.”

Recap of November/December Progress

Since completing fieldwork in October I have:

- Returned all transcripts, photos, and requested audio recordings, to project participants.
- Written two preliminary thesis chapters.
- Began coding data from participant observation field notes, photovoice material, and semi-structured interviews, with qualitative data analysis software NVivo 11.
 - Coding can be understood as a process of identifying, organizing, and categorizing data. By uploading all transcribed data in NVivo 11, I have been able to more easily pair participant observation field notes, photovoice material, and semi-structured interviews, to emerging project themes for later theoretical development. Coding and data analysis for this project will be a two-part process. First, data is being organized to identify general themes pertaining to community at *St. Mary's House*. I will share initial interpretations with *Megan* for feedback and revisions once these emerging themes are identified from the all relevant data sources. Second, coded data from initial themes will be reread to identify patterns, and subsequently reorganized and refined into more sophisticated sub-themes. Chosen finalized themes will be theoretically development and become the basis for project findings or later points for discussion.
 - For example, I've begun categorizing data under the initial theme “Health Narratives.” By rereading coded data for “Health Narratives,” I am able to see that both *Mary's House* residents and staff use a medical vernacular to describe residents, and that many residents refer to themselves through disability-related language. Based on this characterization from patterns in already coded data, a sub-theme drawn from “Health Narratives” could be “Disability Ethos,” or something similar. This inductive approach in which emerging themes form the basis of theory construction is called *grounded theory*. Having no previous experience with Housing First or homelessness, I decided to implement this approach because grounded theory favors an “outsider's” perspective for letting insights emerge from the data.

Photovoice Art Gallery Showings Update

I plan on organizing two art shows displaying participating residents' photovoice material. In order for the wider community and exited participants alike to have the opportunity in sharing in the experience, the first art show will be held at a downtown gallery during Bellingham's First

Friday Art Walk. Photovoice material will then be put on permanent display at a follow-up art show for residents and staff at *Mary's House*. The current concept for the display of photovoice material is to pair pictures with excerpts from the corresponding follow-up interviews. For example, a picture of the front entrance at *Mary's House* would be matched with a quote from the photographer, "This is the entrance to my new home," or a similar excerpt that accentuates the photo and represents a distilled or concise reflection of the photographer's motivations in taking that photo. With this format I hope to display 14, 21x18 inch captioned photovoice images.

- Allied Arts has agreed to help support the First Friday Art Walk Photovoice Display. With their support we have set a tentative date for March 3rd, 2017.
- I was unable to secure grant funding though WWU's Graduate School for this portion of the project. I have since established another funding source, but my revised budget will not include food or snacks for either gallery display.

Next Steps for January/February:

- Share initial themes and analysis for February meeting with *Megan*.
- Compose photovoice material for display, secure First Friday Art Walk display location, and any additional materials/resources needed.

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Peter Miterko- Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

***Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences
from Staff and Residents at St. Mary's House***
Project Brief – March 2017

Project Purpose

This project seeks to understand how sense of community develops at *St. Mary's House*. By collaboratively employing methods that include participant observation, photovoice, and semi-structured interviews, findings will shed light on the range of perceptions associated with community and could contribute to the program goal of “crafting a place to belong.”

Recap of Winter Progress

Since completing fieldwork in October I have:

- With help from volunteers and sponsors, we introduced the works of *St. Mary's House* residents to an audience of approximately 100 during the March 3rd Art Walk Photovoice Gallery Display.
- Finished writing preliminary thesis chapters on: 1) *The History of Chronic Homelessness*, 2) *The Working Parts of Housing First*, 3) *Project Setting: Programming, People and positionality*, 4) *Community: Literature Review and Theoretical Framework*.
- Organized all interview and field note data for feedback.

Update on Coding Progress

Process

Coding is the process of identifying, categorizing, and ordering data based on patterns/reoccurring topics found in the field notes, photovoice materials, and semi-structured interviews. Organizing themes and sub-themes is an important step in the analytical process and lays the groundwork for project findings and discussion.

Organization

I have organized data into three prominent themes as relevant to understanding the development of sense of community.

- The built environment. This theme contains data on program structure and facility spaces.
- Conceptions of community. This theme contains data on participating staff and resident conceptions of community.
- Experience of community. This theme contains data on participating staff and resident lived-experiences, as well as on-site interactions among residents and staff.

Findings

Programming fundamentally defines the parameters of community at *St. Mary's House* in terms of how it is perceived, experienced, and reproduced, by residents and staff. For example, in semi-structured interviews staff and residents both conceptualize community in similar ways (feeling of belonging, taking care of each other, etc.), yet when discussing their experiences at *St. Mary's House* residents associated their experiences with safety and feelings of security; whereas staff associated their experiences with examples of serving residents (helping residents, “making a difference in their lives”). Both staff and residents use the term community interchangeably in reference to program components, services, and directives.

Next Steps for March/April

- Set date for *St. Mary's House* Photovoice Display.
- After feedback from *Megan* on coding progress. Finish organizing all data for theoretical development and final analysis.
- Get feedback from staff and *Megan* on *Project Settings* chapter.

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Peter Miterko- Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

***Community within Single-Site Permanent Supportive Housing: Perspectives and Experiences
from Staff and Residents at St. Mary's House
Project Brief – April 2017***

Project Purpose

This project seeks to understand how sense of community develops at *St. Mary's House*. By collaboratively employing methods that include participant observation, photovoice, and semi-structured interviews, findings will shed light on the range of perceptions associated with community and could contribute to the program goal of “crafting a place to belong.”

Recap of April Progress

This month I have:

- Incorporated feedback from project participants on a thesis chapter draft entitled, *Project Setting: Programming and People*.
- Reorganized photovoice materials for upcoming April 27th *St. Mary's House* Community Meal Showcase.
- Developed thesis chapter draft entitled *A Brief History of Chronic Homelessness in the United States*, for presentation for upcoming May 6th WWU graduate student conference.

Abstract Submission for Conference

Chronic homelessness has become an established part of the American landscape over the last four decades. Housing First, an approach to ending homelessness that centers on providing housing to those experiencing homelessness quickly without time limits or conditions, has been gaining prominence since the 1990s as an effective resource for managing chronic homelessness nationwide. Success of the Housing First approach has been primarily measured in resident retention rates and cost-benefit analysis while limited attention has been given to the experiences of those being housed. In particular, research on the experiences of community within single-site supportive housing modeled in the Housing First approach remains underdeveloped, and the perspectives of residents' remains marginalized in the policy discourse.

To address the dearth of resident perspectives within the literature as well contribute to the policy discourse, I collaboratively involved staff and residents of *St. Mary's House* – a local single-site supportive housing program, in a project designed to understand how sense of community is created within this housing model. During this process I became particularly interested in understanding the nature and “normalization” of chronic homelessness. In this presentation I share my research on chronic homelessness, specifically focusing on the contemporary history of homelessness through three chronologically ordered timeframes, in which I argue that the construction, proliferation, as well as current strategies of management, have been widely shaped by neoliberal economic policies. I propose that the current strategies of Housing First and permanent supportive housing modeled in the Housing First approach, serve to manage the consequences of institutionalized neoliberal policies rather than ameliorate the structural inequalities that continue to reproduce chronic homelessness as a phenomenon.

Next Steps for May

- Finish revisions on all current thesis chapters.
- Develop findings chapter for feedback from *Megan*.

FOR ADDITIONAL INFORMATION PLEASE CONTACT

Peter Miterko- Master's Candidate, Western Washington University
(801) 661-8465, pmiterko@gmail.com

Appendix B: Photovoice Instructions

PHOTOVOICE INSTRUCTIONS

- Photovoice is a method to use your photography, and the stories about your photos, to identify community and what community at *St. Mary's House* means to you. The general strategy behind this method is for you to take pictures that can later form the basis of discussion.

Process and Timetable

- This project will consist of two basic stages; the first stage will be of you taking photos, and the second stage will be the discussion of these photos with you.
- I would appreciate if you could take your pictures within 10 days of this discussion. After this time please turn your disposable camera into a resident councilor at the front desk, or you could deliver it me if that makes you feel more comfortable. If you prefer using your camera phone I will reach out to you within 10 days of this discussion to upload your photovoice photos into my computer. After the film is developed or pictures are printed, I will next contact you for a 30-minute recorded interview where we will discuss your five favorite pictures. You may receive all your photos as well as a copy of our interview afterwards.

HELPFUL PHOTOGRAPHIC TECHNIQUES

- Choose what you want to include in the photo and what you want to leave out. Remember, you are telling a story with each photo.
- Hold your camera steady to ensure that you will capture a focused picture, and not a blurry one.
- Think about lighting, and whether or not you want to use a flash. Remember light from a flash may be necessary for some circumstances, but it can also reflect off of objects and produce a glare.

ETHICAL CONSIDERATIONS

- When taking pictures of others make sure you identify yourself as a project participant, and get verbal consent from those you want to include in your photo.
- Are the people in your photo able to give you informed consent? If this isn't possible, can you tell the story you want without people being identifiable?
- Are you representing people in your photo in a fair and honest way? For privacy and confidentiality, I will blur out faces in photos used for my final thesis and any project presentations.

Thanks you very much for contributing to this project! Please feel free to contact me with any questions or comments.

Peter Miterko

pmiterko@gmail.com (801) 661 – 8465.

Appendix C: Appendix C: Interview and Photovoice Consent Form

Interview and Photovoice Consent Form

I, Peter Miterko, am asking your voluntary participation in this project. I am a graduate student in anthropology at Western Washington University, and I am doing this project as part of my master's thesis. Please read the following information, and if you would like to participate please print and sign your name on the lines below.

Project Title:

- *A Place to Call Home: Perspectives on Community within the Housing First Approach*

Project Purpose:

- Housing First provides housing to those experiencing homelessness quickly, without time limits or conditions. This project seeks to understand how community develops within the Housing First model. Your participation will offer insights into what community at *St. Mary's House* looks like.

If you participate, you will be asked to:

- For photovoice participants, I will ask you to take photos of your community and then discuss your photos in with me in a follow-up interview.
- For interview participants, I will ask you questions about your experiences of community, and what you would like community as *St. Mary's House* to look like. These interviews will last approximately 30 minutes.

Potential Risks:

- You can choose to end our interview at any point if you feel uncomfortable or stressed.

Benefits:

- By including you in this project I hope to share your stories and experiences.

How confidentiality will be maintained:

- For photovoice participants, I will not use your real name, or the name of *St. Mary's House*, in my final thesis or any project presentations. I will also blur out faces in photos used for my final thesis or any project presentations.
- For interview participants, I will not use your real name, or the name of *St. Mary's House*, in my final thesis or any project presentations.

If you have any further questions, feel free to contact:

- Peter Miterko pmiterko@gmail.com (801) 661-8465
- Dr. Sean Bruna (Thesis Chair) sean.bruna@wwu.edu (360) 650-2290

Voluntary Participation:

- Participation in this project is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific questions.
- By signing this form, you are stating that you have read and understand the information above and give your consent to participate. A signed copy of this consent form will be given to you for your records.

Print Name: _____

Signature: _____

Date Reviewed & Signed:

Appendix D: Staff and Resident Semi-Structured Interview Templates

Staff Semi-Structured Interview Template

Name:

Age:

Ethnicity:

Gender:

Education:

Previous Time Spent

- **Experiencing Homelessness:**
- **Living in Supportive Housing:**
- **Working in Supportive Housing:**
- **Incarcerated:**
- **Working in Corrections:**
- **In Treatment/Rehabilitation:**
- **Working in Treatment/Rehabilitation:**

Primary Interview Questions:

1. Why are you working at Francis Place?

2. How long do you plan on working here?

3. Have you received any literature, or specific training in Housing First? Or in supportive housing that adheres to Housing First principles?

4. How many hours a week do you spend at Francis Place? When are you generally on-site?

5. How many FP clients do you serve? How often do you meet with them? And what are some of reasons for meeting with some clients more than others?

5.2 About what percentage of residents do you interact with during any given shift? Do you interact with some more than others?

6. What does community mean, and what are some characteristics of community?

7. Give an example of a time in your life when you felt part of a community. What did that experience feel like?

8. Do you feel like you are a part of the Francis Place community? Why?

9. How is your experience of community at Francis Place similar to your experience of community outside of Francis Place? How is it different?

10. What would you like community at Francis Place to be like?

11. Is there another questions about this subject that you would have wanted me to ask?

Resident Semi-Structured Interview Template

Name:

Age:

Ethnicity:

Gender:

Previous time spent

- **Experiencing Homelessness:**
- **In Supportive Housing:**
- **Incarcerated:**
- **In Treatment/Rehabilitation:**

How often do you meet with your caseworker?

Primary Interview Questions:

- 1. Why are you living at Francis Place?**
- 2. How long do you plan on living here?**
- 3. What does community mean, and what are some characteristics of community?**
- 4. Give an example of a time in your life when you felt part of a community. What did that experience feel like?**
- 5. Do you feel like you are a part of the Francis Place community? Why?**
- 6. How is your experience of community at Francis Place similar to your experience of community before moving into Francis Place? How is it different?**
- 7. What would you like community at Francis Place to be like?**
- 8. Is there another questions about this subject that you would have wanted me to ask?**

Appendix E: Photovoice Interview Template

Photovoice Interview Template

Name:

Age:

Ethnicity:

Gender:

Previous time spent

- Experiencing Homelessness:
- In Supportive Housing:
- Incarcerated:
- In Treatment/Rehabilitation:

How often do you meet with your caseworker?

Interview Questions: a) What is happening in this photo? b) Why did you choose to share this photo? c) How is community represented in this photo?

- 1.
- 2.
- 3.
- 4.
- 5.

Is there anything else you would like to share with me about you photo/these photos?

References

- Almedom Astier M., Evelyn A. Brensinger, and Gordon M. Adam. 2010. Identifying the Resilience Factor: An Emerging Counter Narrative to the Traditional Discourse of “Vulnerability” on “Social Suffering.” In *Global Perspectives on War, Gender and Health: The Sociology and Anthropology of Suffering*, ed. Hannah Bradbey and Gillian Lewando Hundt, 127–146. Surrey: University of Warwick, UK.
- Baker, Tom, and Joshua Evans. 2016. “‘Housing First’ and the Changing Terrains of Homeless Governance.” *Geography Compass* 10 (1): 25–41. doi:10.1111/gec3.12257.
- Barrios, Roberto E. 2016. “Resilience: A Commentary from the Vantage Point of Anthropology.” *Annals of Anthropological Practice* 40 (1): 28–38. doi:10.1111/napa.12085.
- Basso, Keith Hamilton. 1996. *Wisdom Sits in Places: Landscape and Language Among the Western Apache*. Albuquerque: University of New Mexico Press.
- Beard, Virginia. 2013. “A Theoretical Understanding of Housing and Homelessness: Federal Homelessness and Housing Policy Through the Lenses of Punctuated Equilibrium Theory and Advocacy Coalition Frameworks.” *Poverty & Public Policy* 5 (1): 67–87. doi:10.1002/pop4.16.
- Bogue, D. Joseph. 1963. “Skid Row in American Cities.” Chicago: Community and Family Study Center, University of Chicago.
- Bourdieu, Pierre. 1990. *The Logic of Practice*. Cambridge: Polity Press.
- Bourgois, Philippe I., and Jeff Schonberg. 2009. *Righteous Dopefiend*. Berkeley: University of California Press.
- Bridgman, Rae. 1998. “The Architecture of Homelessness and Utopian Pragmatics.” *Utopian Studies* 9 (1): 50–67.
- Bridgman, Rae. 2006. *StreetCities: Rehousing the Homeless*. Toronto: University of Toronto Press.
- Brint, Steven. 2001. “Gemeinschaft Revisited: A Critique and Reconstruction of the Community Concept.” *Sociology Theory* 19 (1): 1–23.
- Brown, Rebecca, Miao Yinghui, Susan Mitchell, Monica Bharel, Mitkumar Patel, Kevin Ard, J Grande, Deborah Blazey-Martin, Daniella Floru, and Michael Steinman. 2015. “Health Outcomes of Obtaining Housing Among Older Homeless Adults.” *American Journal of Public Health* 105 (7): 1482–89. doi:10.2105/AJPH.2014.302539.

- Brown, Molly M., Jason A. Leonard, Daniel K. Malone, Debra Srebnik, and Laurie Sylla. 2016. "Housing First As An Effective Model For Community Stabilization Among Vulnerable Individuals with Chronic and Nonchronic Homelessness Histories." *Journal of Community Psychology* 44 (3): 384–90. doi:10.1002/jcop.
- Brueckner, Martin, Meredith Green, and Sherry Saggars. 2011. "The Trappings of Home: Young Homeless People's Transitions Towards Independent Living." *Housing Studies* 26 (1): 1–16. doi:10.1080/02673037.2010.512751.
- Cabassa, Leopoldo J, Angela Parcesepe, Anel Nicasio, Ellen Baxter, Sam Tsemberis, and Roberto Lewis-Fernández. 2012. "Health and Wellness Photovoice Project: Engaging Consumers with Serious Mental Illness in Health Care Interventions." *Qualitative Health Research* 23 (5): 618–30. doi:10.1177/1049732312470872.
- Calsyn, Robert J., and Gary A. Morse. 1991. "Predicting Chronic Homelessness." *Urban Affairs Quarterly* 27 (1): 155–64.
- Castillo, Roberto. 2014. "Feeling at Home in the 'Chocolate City': An Exploration of Place-Making Practices and Structures of Belonging amongst Africans in Guangzhou." *Inter-Asia Cultural Studies* 15 (2). Taylor & Francis: 235–57. doi:10.1080/14649373.2014.911513.
- Catalani, Caricia, and Meredith Minkler. 2010. "Photovoice: A Review of the Literature in Health and Public Health." *Health Education & Behavior: The Official Publication of the Society for Public Health Education* 37 (3): 424–51. doi:10.1177/1090198109342084.
- Chang, Feng-Hang, Christine Helfrich, Wendy Coster, and E. Rogers. 2015. "Factors Associated with Community Participation among Individuals Who Have Experienced Homelessness." *International Journal of Environmental Research and Public Health* 12 (9): 11364–78. doi:10.3390/ijerph120911364.
- Christensen, Julia. 2012. "Telling Stories: Exploring Research Storytelling as a Meaningful Approach to Knowledge Mobilization with Indigenous Research Collaborators and Diverse Audiences in Community-Based Participatory Research." *Canadian Geographer* 56 (2): 231–42. doi:10.1111/j.1541-0064.2012.00417.x.
- Clapham, David. 2003. "Pathways Approaches to Homelessness Research." *Journal of Community and Applied Social Psychology* 13 (2): 119–27. doi:10.1002/casp.717.
- Collins, Susan E., Seema L. Clifasefi, Michele P. Andrasik, Elizabeth Dana, Natalie Stahl, Megan Kirouac, Callista Welbaum, Margaret King, and Daniel K Malone. 2012. "Exploring Transitions within a Project-Based Housing First Setting: Qualitative Evaluation and Practice Implications." *Journal of Health Care for the Poor and Underserved* 23 (4): 1678–97. doi:10.1353/hpu.2012.0187.
- Collins, Susan E., Daniel K. Malone, and Seema L. Clifasefi. 2013. "Housing Retention in Single-Site Housing First for Chronically Homeless Individuals with Severe Alcohol

- Problems.” *American Journal of Public Health* 103 (2): 269–74.
doi:10.2105/AJPH.2013.301312.
- Community Solutions and, and OrgCode Consulting. 2014. “The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT): Manual for Single Person Households.” 2014. <http://www.orgcode.com/wordpress/wp-content/uploads/2014/08/VI-SPDAT-Manual-2014-v1.pdf>.
- Corbin, Juliet, and Anselm Strauss. 1990. “Grounded Theory Research: Procedures, Canon and Evaluative Criteria.” *Zeitschrift Fur Sociologie* 19 (6): 418–27. doi:10.1007/BF00988593.
- Culhane, Dennis P, and Randall Kuhn. 1998. “Patterns and Determinants of Public Shelter Utilization among Homeless Adults in New York City and Abstracts.” *Journal of Policy Analysis and Management* 17 (1): 23–43.
- Culhane, Dennis P., Stephen Metraux, and Trevor Hadley. 2002. “The Impact of Supportive Housing for Homeless People with Severe Mental Illness on the Utilization of the Public Health, Corrections, and Emergency Shelter Systems: The New York-New York Initiative.” *Housing Policy Debate* 13 (1): 107–63.
- DeLuca, J. R. 2013. “Submersed in Social Segregation: The (Re)Production of Social Capital Through Swim Club Membership.” *Journal of Sport & Social Issues* 37 (4): 340–63. doi:10.1177/0193723513498605.
- Downtown Emergency Service Center. 2009. “Vulnerability Assessment Tool for Determining Eligibility and Allocating Services for Housing and Homeless Adults.”
- Drury, Lin J. 2008. “From Homeless to Housed: Caring for People in Transition.” *Journal of Community Health Nursing* 25 (2): 91–105. doi:10.1080/07370010802017109.
- Escobar, Arturo. 2001. “Culture Sits in Places: Reflections on Globalism and Subaltern Strategies of Localization.” *Political Geography* 20 (2): 139–74. doi:10.1016/S0962-6298(00)00064-0.
- Elliott, Marta, and Lauren J. Krivo. 1991. “Structural Determinants of Homelessness in the United States.” *Social Problems* 38 (1): 113–31. doi:10.1525/sp.1991.38.1.03a00070.
- Ellwood, J. W. 1982. “Congress Cuts the Budget: The Omnibus Reconciliation Act of 1981.” *Public Budgeting & Finance* 2 (1): 50–64.
- Farmer, Paul. 2004. “An Anthropology of Knowledge.” *Current Anthropology* 45 (3): 305–25. doi:10.1086/324131.
- Freeman, Richard B., and Brian Hall. 1986. “No Permanent Homelessness in America?”

- Fetherman, Debra L., and Stephen C. Burke. 2014. "Using Community-Based Participatory Research to Advocate for Homeless Children." *Social Work in Public Health* 30 (March 2015): 30–37. doi:10.1080/19371918.2014.938391.
- Gilderbloom, John I. 1986. "Trends in the Affordability of Rental Housing: 1970 to 1983." *Sociology and Social Research* 70: 301-02.
- Ginzler, Joshua, and Maria Monroe-DeVita. 2010. "Downtown Emergency Service Center's Vulnerability Assessment Tool for Individuals Coping with Chronic Homelessness: A Psychometric Analysis." http://www.desc.org/documents/DESC_VAT_WIMHRT_final_report_031510.pdf?formkey=dFV3blJTM2pIMTJ2Qno2bmt3ZWlNZEE6MQ.
- Greenwood, Ronni Michelle, Ana Stefancic, and Sam Tsemberis. 2013. "Pathways Housing First for Homeless Persons with Psychiatric Disabilities: Program Innovation, Research, and Advocacy." *Journal of Social Issues* 69 (4): 645–63. doi:10.1111/josi.12034.
- Gulcur, Leyla, Ana Stefancic, Marybeth Shinn, Sam Tsemberis, and Sean N. Fischer. 2003. "Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programs." *Journal of Community & Applied Social Psychology* 13: 171–86. doi:10.1002/casp.723.
- Gupta, Akhil, and James Ferguson. 1992. "Beyond 'Culture': Space, Identity, and the Politics of Difference." *Cultural Anthropology* 7 (1): 6–23. doi:10.1525/can.1992.7.1.02a00020.
- Guta, Adrian, Sarah Flicker, and Brenda Roche. 2013. "Governing through Community Allegiance: A Qualitative Examination of Peer Research in Community-Based Participatory Research." *Critical Public Health* 23 (4): 432–51. doi:10.1080/09581596.2012.761675.
- Haley, Barbara A. 1989. "The Loss of Single Room Occupancy Housing in Metropolitan Areas." *Housing and Society* 16 (1): 5–15.
- Harvey, David. 2005. *A Brief History of Neoliberalism*. Oxford: Oxford University Press.
- Henry, Megan, Rian Watt, Lily Rosenthal, and Azim Shivji. 2016. *The 2016 Annual Homeless Assessment Report (AHAR) to Congress: PART 1 Point-In-Time Estimates of Homelessness*. <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>.
- Henwood, Benjamin Foster, Victoria Stanhope, and Deborah K. Padgett. 2010. "The Role of Housing: A Comparison of Front-Line Provider Views in Housing First and Traditional Programs." *Administration and Policy in Mental Health and Mental Health Services Research* 38 (2): 77–85. doi:10.1007/s10488-010-0303-2.
- Henwood, Benjamin Foster, Jason Matejkowski, Ana Stefancic, and Lukens M. Jonathan. 2014. "Quality of Life after Housing First for Adults with Serious Mental Illness Who Have Experienced Chronic Homelessness." *Psychiatric Research* 220 (1–2): 549–55.

- Hillery, George A. 1955. Definitions of Community: Areas of Agreement. *Rural Sociology* 20 (2):111-123.
- Hoffman, Alexander Von. 2000. "A Study in Contradictions: The Origins and Legacy of the Housing Act of 1949." *Housing Policy Debate* 11 (2): 299–326. doi:10.1080/1051148220009521370.
- Hopper, Elizabeth K., Ellen L. Bassuk, and Jeffery Olivet. 2010. "Shelter from the Storm: Trauma-Informed Care in Homelessness Services Settings." *The Open Health Services and Policy Journal* 3: 80–100. doi:10.2174/1874924001003020080.
- Hopper, Kim. 2012. "Commentary: The Counter-Reformation That Failed? A Commentary on the Mixed Legacy of Supported Housing." *Psychiatric Services* 63 (5): 461–63. doi:10.1176/appi.ps.201100379.
- Humphreys, Keith, and Julian Rappaport. 1993. "From the Community Mental Health Movement to the War on Drugs: A Study in the Definition of Social Problems." *American Psychologist* 48 (8): 892–901.
- Johnson-Vinna, Barbara, and Michael Parker. 2017. *A Home for Everyone: Whatcom County Coalition to End Homelessness 2017 Annual Report*.
- Jones, Marian Moser. 2015. "Creating a Science of Homelessness during the Reagan Era." *Milbank Quarterly* 93 (1): 139–78. doi:10.1111/1468-0009.12108.
- Kearney, M. 1995. "The Local and the Global: The Anthropology of Globalization and Transnationalism." *Annual Review of Anthropology* 24 (1): 547–65. doi:10.1146/annurev.anthro.24.1.547.
- Kim, Mimi M., and Julian D. Ford. 2006. "Trauma and Post-Traumatic Stress Among Homeless Men." *Journal of Aggression, Maltreatment & Trauma* 13 (2): 1–22. doi:10.1300/J146v13n02_01.
- Klodawsky, Fran. 2009. "Home Spaces and Rights to the City: Thinking Social Justice for Chronically Homeless Women." *Urban Geography* 30 (6): 591–610. doi:10.2747/0272-3638.30.6.591.
- Koschinsky, J. 1998. "Challenging the Third Sector Housing Approach: The Impact of Federal Policies (1980-1996)." *Journal of Urban Affairs* 20 (2): 117–35. doi:10.1111/j.1467-9906.1998.tb00414.x.
- Kwok, Jackie Yan-Chi, and Hok-Bun Ku. 2008. "Making Habitable Space Together with Female Chinese Immigrants to Hong Kong: An Interdisciplinary Participatory Action" 6 (3): 261–83. doi:10.1177/1476750308094131.

- Lamphere, Louise. 2004. "The Convergence of Applied, Practicing, and Public Anthropology." *Human Organization* 63 (4): 431–43.
- Larimer, E. Mary, Daniel K. Malone, Michelle D. Garner, David C. Atkins, Bonnie Burlingham, Heather S Lonczak, Kenneth Tanzer, Joshua Ginzler, Seema L. Clifasefi, William G. Hobson, G. Alan Marlatt. 2009. "Health Care and Public Service Use and Costs before and after Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Jama* 301 (13): 1349–57. doi:10.1001/jama.2009.414.
- Lee, B A. 1980. "The Disappearance of Skid Row: Some Ecological Evidence." *Urban Affairs* 16 (1): 81-107.
- Lewit, Eugene M., and Linda Schuurmann Baker. 1996. "Homeless Families and Children." *The Future of Children* 6 (2): 146–58.
- Löfstrand, Cecilia Hansen, and Kirsi Juhila. 2012. "The Discourse of Consumer Choice in the Pathways Housing First Model." *European Journal of Homelessness* 6 (2): 47–68.
- Low, Setha. 2003. *Behind the Gates: Life, Security, and the Pursuit of Happiness in Fortress America*. New York and London: Routledge.
- Luttrell, Wendy. 2000. "'Good Enough' Methods for Ethnographic Research." *Harvard Educational Review*. doi:10.17763/haer.70.4.5333230502744141.
- Ly, Angela, and Eric Latimer. 2015. "Housing First Impact on Costs and Associated Cost Offsets: A Review of the Literature." *Canadian Journal of Psychiatry* 60 (11): 475–87. doi:10.1177/070674371506001103.
- Lyon-Callo, Vincent. 2000. "Medicalizing Homelessness: The Production of Self-Blame and Self-Governing within Homeless Shelters." *Medical Anthropology Quarterly* 14 (3): 328–45. doi:10.1525/maq.2000.14.3.328.
- Lyon-Callo, Vincent. 2008. *Inequality Poverty and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry*. Toronto, Ontario: University of Toronto Press.
- Macfarlane, Alan. 1977. "History, Anthropology and the Study of Communities." *Social History* 2 (5): 631–52.
- Macnaughton, Eric, Ana Stefancic, Geoffrey Nelson, Rachel Caplan, Greg Townley, Tim Aubry, Scott McCullough, et al. 2015. "Implementing Housing First Across Sites and Over Time: Later Fidelity and Implementation Evaluation of a Pan-Canadian Multi-Site Housing First Program for Homeless People with Mental Illness." *American Journal of Community Psychology* 55 (3–4): 279–91. doi:10.1007/s10464-015-9709-z.

- Malinowski, Bronislaw. 1939. "The Group and the Individual in Functional Analysis." *American Journal of Sociology* 44 (6): 938–64.
- Mathieu, Arline. 1993. "The Medicalization of Homelessness and the Theater of Repression." *Medical Anthropology Quarterly* 7 (2): 170–84.
- McLaughlin, Chalmers T. 2011. "Using Common Themes: Cost-Effectiveness of Permanent Supported Housing for People with Mental Illness." *Research on Social Work Practice* 21 (4): 404–11. doi:10.1177/1049731510387307.
- McMillan, David W., and David M. Chavis. 1986. "Sense of Community: A Definition and Theory." *Journal of Community Psychology* 14 (1): 6–23.
- Meanwell, Emily. 2012. "Experiencing Homelessness: A Review of Recent Literature." *Sociology Compass* 6 (1): 72–85. doi:10.1111/j.1751-9020.2011.00432.x.
- Minkler, Meredith. 2000. "Using Participatory Action Research to Build Healthy Communities." *Public Health Reports* (1974-) 115 (2/3): 191-97.
- Monahan, Torin. 2006. "Electronic Fortification in Phoenix Surveillance Technologies and Social Regulation in Residential Communities." *Urban Affairs Review* 42 (2): 169–92.
- Monahan, Torin. 2017. "Regulating Belonging: Surveillance, Inequality, and the Cultural Production of Abjection." *Journal of Cultural Economy* 10 (2). Taylor & Francis: 191–206. doi:10.1080/17530350.2016.1273843.
- Montgomery, Ann Elizabeth, Lindsay L. Hill, Vincent Kane, and Dennis P. Culhane. 2013. "Housing Chronically Homeless Veterans: Evaluating the Efficacy of a Housing First Approach to HUD-VASH." *Journal of Community Psychology* 41 (4): 505–14. doi:10.1002/jcop.
- Morrell-Bellai, Tammy, Paula N. Goering, and Katherine M. Boydell. 2000. "Becoming and Remaining Homeless: A Qualitative Investigation." *Issues in Mental Health Nursing* 21 (6): 581–604. doi:10.1080/01612840050110290.
- Muedeking, George David, and Howard M. Bahr. 1976. "A Smallest Space Analysis of Skid Row Men's Behaviors." *The Pacific Sociological Review* 19 (3): 275–90.
- Murphy, Joseph F., and Kerri J. Tobin. 2011. "Homelessness Comes to School: How Homeless Children and Youths Can Succeed." *The Phi Delta Kappan* 93 (3): 32–37.
- Murphy, Mark, and Cristina Costa. 2015. *Bourdieu, Habitus and Social Research: The Art of Application*. Basingstoke: Palgrave Macmillan.
- National Alliance to End Homelessness. 2016. *The State of Homelessness in America 2016*. doi:10.2105/AJPH.84.12.1885.

- National Low Income Housing Coalition. 2017. *The Gap: A Shortage of Affordable Homes*.
- Newman, Susan D. 2010. "Evidence-Based Advocacy: Using Photovoice to Identify Barriers and Facilitators to Community Participation after Spinal Cord Injury." *Rehabilitation Nursing: The Official Journal of the Association of Rehabilitation Nurses* 35 (2): 47–59. doi:10.1002/j.2048-7940.2010.tb00031.x.
- Nowell, Branda L., Shelby L. Berkowitz, Zermarie Deacon, and Pennie Foster-Fishman. 2006. "Revealing the Cues Within Community Places: Stories of Identity, History, and Possibility" 37 (March). doi:10.1007/s10464-005-9006-3.
- Nowicka, Magdalena. 2015. "Habitus: Its Transformation and Transfers Through Cultural encounters in Migration." In *Bourdieu, Habitus and Social Research: The Art of Application*, edited by Mark Murphy and Cristina Costa, 21-38. London: Palgrave Macmillan.
- Nykiforuk, Candace I J, Helen Vallianatos, and Laura Nieuwendyk. 2011. "Photovoice as a Method for Revealing Community Perceptions of the Built and Social Environment." *International Journal of Qualitative Methods* 10: 103–25.
- Padgett, Deborah K, Leyla Gulcur, and Sam Tsemberis. 2006. "Housing First Services for People Who Are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse." *Research on Social Work Practice* 16: 74–83. doi:10.1177/1049731505282593.
- Padgett, Deborah, Benjamin F. Henwood, and Sam J. Tsemberis. 2016. *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*. Oxford: Oxford University Press.
- Patterson, Michelle L., Akm Moniruzzaman, and Julian M. Somers. 2014. "Community Participation and Belonging among Formerly Homeless Adults with Mental Illness after 12 Months of Housing First in Vancouver, British Columbia: A Randomized Controlled Trial." *Community Mental Health Journal* 50 (5): 604–11. doi:10.1007/s10597-013-9672-9.
- Parsell, Cameron 2016. "Surveillance in Supportive Housing: Intrusion or Autonomy?" *Urban Studies* 53 (15): 3189–3205. doi:10.1177/0042098015613205.
- Parsell, Cameron, Maree Petersen, and Ornella Moutou. 2016. "Single-Site Supportive Housing: Tenant Perspectives." *Housing Studies* 30 (8). Routledge: 1189–1209. doi:10.1080/02673037.2015.1009874.
- Pearson, Carol, Gretchen Locke, Ann. E. Montgomery, and Larry Buron. 2007. *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness. Final Report*.
- Pearson, Carol, Ann E. Montgomery, Gretchen Locke. 2009. "Housing Stability Among Homeless Individuals with Serious Mental Illness Participating in Housing First Programs." *Journal of Community Psychology* 37: 404-417

- Peck, Jamie, and Adam Tickell. 2002. "Neoliberalizing Space." *Antipode* 34 (3): 380–404. doi:10.1111/1467-8330.00247.
- Peters, Mark. 1990. "Homelessness: A Historical Perspective on Modern Legislation." *Michigan Law Review* 88 (5): 1209–44.
- Quilgars, Deborah, and Nicholas Pleace. 2016. "Housing First and Social Integration: A Realistic Aim?" *Social Inclusion* 4 (4): 5. doi:10.17645/si.v4i4.672.
- Reay, Diane. 2004. "'It's All Becoming a Habitus': Beyond the Habitual Use of Habitus in Educational Research." *British Journal of Sociology of Education* 25 (4): 431–44. doi:10.1080/0142569042000236934.
- Rollinson, Paul A. 1998. "The Everyday Geography of the Homeless in Kansas City." *Geografiska Annaler. Series B, Human Geography* 80 (2): 101–15.
- Rosaldo, Renato. 1989 (1993). "Grief and a Headhunter's Rage." In *Culture and Truth: The Remaking of Social Analysis*. Boston: Beacon Press; London: Taylor and Francis.
- Rossi, Peter H., and James D. Wright. 1987. "The Determinants of Homelessness." *Health Affairs* 6 (1): 19–32. doi:10.1377/hlthaff.6.1.19.
- Rossi, Peter H. 1989. *Down and Out in America: The Origins of Homelessness*. Chicago: University of Chicago Press.
- Rossi, Peter H. 1990. "The Old Homeless and the New Homelessness in Historical Perspective." *American Psychologist* 45 (8): 954–59. doi:10.1037//0003-066X.45.8.954.
- Rowe, Stacy, and Jennifer Wolch. 1990. "Social Networks in Time and Space: Homeless Women in Skid Row, Los Angeles." *Annals of the Association of American Geographers* 80 (2): 184–204.
- Sarason, Sarason B. 1974. *The Psychological Sense of Community: Prospects for a Community Psychology*. San Francisco: Jossey-Bass.
- Scheper-Hughes, Nancy. 2008. "A Talent for Life: Reflections on Human Vulnerability and Resilience." *Ethnos* 73 (1): 25–56. doi:10.1080/00141840801927525.
- Shinn, Gregory A. 2014. "The Cost of Long-Term Homelessness in Central Florida: The Current Crisis and the Economic Impact of Providing Sustainable Housing Solutions." doi:10.1017/CBO9781107415324.004.
- Shlay, Anne, and Peter Rossi. 1992. "Social Science Research and Contemporary Studies of Homelessness." *Annual Review of Sociology* 18 (1): 129–60. doi:10.1146/annurev.soc.18.1.129.

- Singer, Merrill, and Scott Clair. 2003. "Syndemics and Public Health: Reconceptualizing Disease in Bio-Social Context." *Medical Anthropology Quarterly* 17 (4): 423–41.
- Sparks, Tony. 2012. "Governing the Homeless in an Age of Compassion: Homelessness, Citizenship, and the 10-Year Plan to End Homelessness in King County Washington." *Antipode* 44 (4): 1510–31. doi:10.1111/j.1467-8330.2011.00957.x.
- Spradley, James P. 1980. *Participant Observation*. New York: Holt, Rinehart and Winston.
- Stahl, Garth. 2015. "Egalitarian Habitus: Narratives of Reconstruction in Discourse of Aspiration and Change." In *Bourdieu, Habitus and Social Research: The Art of Application*, edited by Mark Murphy and Cristina Costa, 21-38. London: Palgrave Macmillan
- Stahl, N., S.E. Collins, S.L. Clifasefi, and A. Hagopian. 2016. "When Housing First Lasts: Exploring the Lived Experience of Single-Site Housing First Residents." *Journal of Community Psychology* 44 (4): 448–98. doi:10.1002/jcop.
- Stanhope, Victoria, and Jason Matejkowski. 2010. "Understanding the Role of Individual Consumer-Provider Relationships within Assertive Community Treatment." *Community Mental Health Journal* 46 (4): 309–18. doi:10.1007/s10597-009-9219-2.
- Stanhope, Victoria, and Kerry Dunn. 2011. "The Curious Case of Housing First: The Limits of Evidence Based Policy." *International Journal of Law and Psychiatry* 34 (4): 275–82. doi:10.1016/j.ijlp.2011.07.006.
- Stanhope, Victoria. 2012. "The Ties That Bind: Using Ethnographic Methods to Understand Service Engagement." *Qualitative Social Work* 11 (4): 412–30. doi:10.1177/1473325012438079.
- Stefancic, Ana, Nicole J. Schaefer-McDaniel, Andrew C. Davis, and Sam Tsemberis. 2004. "Maximizing follow-up of adults with histories of homelessness and psychiatric disabilities." *Evaluation and Program Planning* 27 (4): 433-442.
- Stefancic, Ana, and Sam Tsemberis. 2007. "Housing First for Long-Term Shelter Dwellers with Psychiatric Disabilities in a Suburban County: A Four-Year Study of Housing Access and Retention." *Journal of Primary Prevention* 28: 265–79. doi:10.1007/s10935-007-0093-9.
- Stefancic, Ana, Benjamin F. Henwood, Hilary Melton, Soo Min Shin, Rebeka Lawrence-Gomez, and Sam Tsemberis. 2013. "Implementing Housing First in Rural Areas: Pathways Vermont." *American Journal of Public Health* 103 (S2): 206–9. doi:10.2105/AJPH.2013.301606.
- Stergiopoulos, Vicky, Agnes Gozdzik, Patricia O'Campo, Alixandra R Holtby, Jeyagobi Jeyaratnam, and Sam Tsemberis. 2014. "Housing First: Exploring Participants' Early Support Needs." *BMC Health Services Research* 14 (1): 167. doi:10.1186/1472-6963-14-167.

- Stuart, Forrest. 2015. "On the Streets, Under Arrest: Policing Homelessness in the 21st Century." *Sociology Compass* 9 (11): 940–50. doi:10.1111/soc4.12324.
- Substance Abuse and Mental Health Services Administration. 2010a. *Permanent Supportive Housing: Evaluating Your Program*. Rockville, MD.
- Substance Abuse and Mental Health Services Administration. 2010b. *Permanent Supportive Housing: Training Frontline Staff*. Rockville, MD.
- The Stewart B. McKinney Homeless Assistance Act of 1987. Public Law 100-77. 100th Congress, July 22, 1987. 101 Statutes 485 (1987), §§ 11302 et seq.
- Toolis, Erin E., and Phillip L. Hammack. 2015. "'This Is My Community': Reproducing and Resisting Boundaries of Exclusion in Contested Public Spaces." *American Journal of Community Psychology* 56. Springer US: 368–82. doi:10.1007/s10464-015-9756-5.
- Tsai, Jack, Alvin S. Mares, and Robert A. Rosenheck. 2010. "A Multi-Site Comparison of Supported Housing for Chronically Homeless adults: 'Housing First' versus 'residential Treatment First.'" *Psychological Services* 7 (4): 219–32. doi:10.1037/a0020460.
- Tsai, Jack, Gary R. Bond, Michelle P. Salyers, Jenna L. Godfrey, and Kristin E. Davis. 2010. "Housing Preferences and Choices Among Adults with Mental Illness and Substance Use Disorders: A Qualitative Study." *Community Mental Health Journal* 46 (4): 381–88. doi:10.1007/s10597-009-9268-6.
- Tsemberis, Sam J. 2010. *Housing First: The Pathways Model to End Homelessness for People with Mental Illness and Addiction*. Center City, MN: Hazelden.
- Tsemberis, Sam, and R F Eisenberg. 2000. "Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities." *Psychiatric Services* 51 (4): 487–93. doi:10.1176/appi.ps.51.4.487.
- U.S. Department of Housing and Urban Development. 2007a. *Defining Chronic Homelessness: A Technical Guide for HUD Programs*. Washington D.C. Retrieved from <https://www.hudexchange.info/resources/documents/DefiningChronicHomeless.pdf>.
- U.S. Department of Housing and Urban Development. 2007b. *The 2007 Annual Homeless Assessment Report to Congress*. Washington D.C. Retrieved from <https://www.onecpd.info/resources/documents/ahar-2013-part1.pdf>.
- U.S. Department of Housing and Urban Development Office. 2009. *HUD's Homeless Assistance Programs: Continuum of Care 101*. Washington, D.C. Retrieved from <https://www.onecpd.info/resources/documents/coc101.pdf>.
- U.S. Department of Housing and Urban Development. 2011. "Homeless Emergency Assistance and Rapid Transition to Housing: Defining 'Homeless.'" *Federal Register* 76, no. 233

- (December 5, 2011) 75994- 75997. Retrieved from https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf.
- U.S. Department of Housing and Urban Development. 2012. *The 2011 Annual Homeless Assessment Report to Congress*. Washington D.C. Retrieved from https://www.hudexchange.info/resources/documents/2011AHAR_FinalReport.pdf
- U.S. Department of Housing and Urban Development. 2015. "Homeless Emergency Assistance and Rapid Transition to Housing: Defining 'Chronically Homeless.'" *Federal Register* 80, no. 233 (December 4, 2015) 75791- 75794. Retrieved from <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>
- U.S. General Accounting Office. 1985. *Homelessness: A Complex Problem and the Federal Response*. Washington, D.C. Retrieved from [http://links.jstor.org/sici?sici=0002-9246\(198510\)44:4%3C385:HACPAT%3E2.0.CO;2-B](http://links.jstor.org/sici?sici=0002-9246(198510)44:4%3C385:HACPAT%3E2.0.CO;2-B).
- U.S. Interagency Council on Homelessness. 2014. *Implementing Housing First in Permanent Supportive Housing*. Washington D.C. Retrieved from <http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-2552-1>.
- U.S. Interagency Council on Homelessness. 2015. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Washington D.C. Retrieved from https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf.
- U.S. Interagency Council on Homelessness. 2016. *Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation*. Washington D.C. Retrieved from https://www.usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf.
- Wallman, Sandra. 2011. *The Capability of Places: Methods for Modelling Community Response to Intrusion and Change*. New York: Pluto.
- Wang, C., & Burris, M. 1997. "Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment." *Health Education and Behavior* 24: 369-387.
- Warren, Christopher M, Ashley Dyer, Jesse Blumenstock, and Ruchi S Gupta. 2016. "Leveraging Mobile Technology in a School-Based Participatory Asthma Intervention: Findings from the Student Media-Based Asthma Research Team (SMART) Study." *American Journal of Health Education* 47 (2): 59–70. doi:10.1080/19325037.2015.1133337.

- Wasserman, Jason Adam, and Jeffery Michael Clair. 2011a. "Housing Patterns of Homeless People: The Ecology of the Street in the Era of Urban Renewal." *Journal of Contemporary Ethnography* 40 (1): 71–101. doi:10.1177/0891241610388417.
- Wasserman, Jason Adam, and Jeffery Michael Clair. 2011b. "The Medicalization of Homelessness and The Sociology of the Self: A Grounded Fractal Analysis." *Studies in Symbolic Interaction* 37 (October 2011): 29–62. doi:10.1108/S0163-2396(2011)0000037004.
- Wasserman, Jason Adam, Jeffrey Michael Clair, and Chelsea Platt. 2012. "The 'Homeless Problem' and the Double Consciousness." *Sociological Inquiry* 82 (3): 331–55. doi:10.1111/j.1475-682X.2012.00410.x.
- Wexler, Lisa Marin, Gloria DiFluvio, and Tracey K. Burke. 2009. "Resilience and Marginalized Youth: Making a Case for Personal and Collective Meaning-Making as Part of Resilience Research in Public Health." *Social Science and Medicine* 69 (4). Elsevier Ltd: 565–70. doi:10.1016/j.socscimed.2009.06.022.
- Whatcom County Coalition to End Homelessness. 2012. *A Home for Everyone: Whatcom County Plan to End Homelessness*. Available online at <https://www.cob.org/Documents/planning/housing/a-home-for-everyone.pdf>
- Willse, Craig. 2010. "Neo-Liberal Biopolitics and the Invention of Chronic Homelessness." *Economy and Society* 39 (2): 155–84. doi:10.1080/03085141003620139.
- Willse, Craig. 2015. *The Value of Homelessness: Managing Surplus Life in the United States*. Minneapolis: University of Minnesota Press.
- Williams, Andrew, Paul Cloke, and Samuel Thomas. 2012. "Co-Constituting Neoliberalism: Faith-Based Organizations, Co-Option, and Resistance in the UK." *Environment and Planning A* 44 (6): 1479–1501. doi:10.1068/a44507.
- Wilson, Samuel M., and Leighton C. Peterson. 2002. "The Anthropology of Online Communities." *Annual Review of Anthropology* 31 (1): 449–67. doi:10.1146/annurev.anthro.31.040402.085436.
- Yanos, Philip T., Ana Stefancic, and Sam Tsemberis. 2011. "Psychological Community Integration Among People with Psychiatric Disabilities and Nondisabled Community Members." *Journal of Community Psychology* 39 (4): 390–401. doi:10.1002/jcop.
- Yanos, Philip T., Ana Stefancic, and Sam Tsemberis. 2012. "Objective Community Integration of Mental Health Consumers Living in Supported Housing and of Others in the Community." *Psychiatric Services* 63 (5): 438–44. doi:10.1176/appi.ps.201100397.